MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY after after the Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page rs. Pag hours 8 days Odenton Glen Burnie O Gays
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ᆵ d. STREET ADDRESS e. IS RESIDENCE filled 72 ON A FARM? remove carbon provided variable of the carbon provided variabl North Arundel Hospital 317 Nevada Ave. NO X YES executed within 3. NAME OF Last DATE Month Day Year First Middle DECEASED Charlotte DEATH October 19 66 6 (Type or print) Ahmity 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 5. SEX last birthday) Months | Days Hours 12-20-1894 WIDOWED DIVORCED 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done l 10b, KIND OF BUSINESS OR physician during most of working life, even if retired) COUNTRY? INDUSTRY death certificate be ase Housewife USA Own home. Conn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME this certificate has been signed by the attending letached for use as the burial-transit permit. The Dept. of Health prior to burial, cremation, or rento Edward Pratt Frances Moody 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Samuel Ahmuty. Sr. Same as 2 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) einic La PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part il of item 18.) detached for the Dept. of B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) be de State 1 Hour a.m. Not While at work While After OR ATTENDING I at work 21. I certify that (I) (this hospital) attended the deceased from 9-30ro FUNERAL DIRECTOR: A director, page 3 should should be filed with the 66. 19-1966 that (I) (we) last the 196 6, and that death occurred at _M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR M.D. PHYS. Page 4 may I 22d. ADDRESS 22c. PHYSICIAN NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF OF CEMETERY OR CREMATORY 23d. 0 Epiphamy Cemetery REC'D BY REGISTRAR Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. VR A15 (4) Kirklev Funeral Home , Glen Burnie, Md 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 3551 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY a. STATE Page b. COUNTY AACO 0 0 MARYLAND deloy Deportment b. CITY OR TOWN (If outside carporote limits, LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) one days osa Jewn NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form hours Rock View Bench ARUN DEL HO Item 18. Give Poges ofter deoth. NAME OF 4. DATE Month Doy Year within 72 DECEASED 10 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER I YEAR IF LINDER 24 HRS NEVER MARRIED 3-10-1907 lost birthdoy) Hours WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore. Maryland Chief Medical Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAMI be executed within Janie A. Schnaitman William H. Wharton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service or removol. Mrs. Janie Hess - Bertha Rd., Rockview Weach No 18. CAUSE OF DEATH (Enter anly one cause per line to INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) should writing the word buriol, cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificote. NO D 2Da. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part II af item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge Not While its designoted 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection 19 Inquiry 1 and in my apinian Suicide | death resulted from: Natural causes Accident Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY the funerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Loudon Park Cemetery Baltimore, Md. Oct. 19,1966 Burial 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Munices VR A15ME (5) George J. Gonce -4001 Ritchie Hgwy., Baltimore 6M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY a. STATE by the finance 1 by after in after in Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b completely filled in by the carbon papers. Page event, within 72 hours at write RURAL and give nearest town) Glen Burnie 5 Weeks Millersville 15 Weeks
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X Knollwood Manor Nursing Home 114 Fifth Ave. S. YES executed within 3. NAME OF DATE Month Day Year Middle Last DECEASED OF DEATH October 18, 19 66 (Type or print) Allen Hamoton Allen AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH and con remove any eve 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours Male White WIDOWFD 23 Nov. 1876 89 DIVORCED yrs. 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (GIVe kind of work done during most of working life, even if retired) .= 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician in please rival, and in COUNTRY? pe INDUSTRY TEA PHYSICIAN: The law requires that the death certificate Salesman FATHER'S NAME Retired Anne Arundel Co. MOTHER'S MAIDEN NAME William H. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the attent the burial-transit permit-or to burial, cremation des (Yes, no, or unkown) | (If yes give war or dates of service) Ionia G. Allen. same as: INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions. If any, which gave rise to Immediate as the prior to DUE TO (a), stating underlying cause last. this certificate has WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? detached for use e Dept. of Health NO P YES 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 1 2De. PLACE OF INJURY (Home, farm, 2Df. (Clty or town) (County) 2Dd. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While FUNERAL DIRECTOR: After irector, page 3 should be chould be filed with the State ATTENDING at work at work 19 be retained 1960 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AMM, from the causes and on the date stated above. saw the deceased alive pn. 66 DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. Page 4 may 22d. ADDRESS 22c. PHYSIOIAN' director, I NAME (Type) Crain Highway SW, Glen Burnie, Mi. MacDonald. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Friendship Cemetery Arundel Co Burial 1966 ADDRESS FUNERAL DIRECTOR VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md DATE 15M 4-64

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4	13552	CERTIFICATI	E OF DEATH		13551
1.	PLACE OF DEATH a. CDUNTY				tution: Residence before admission)
	Anne ARundel	MARYLAND	a. STATE	land b. count	nne Akundel
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, writ	e RURAL end give nearest town)
	Gien Burnie	2dda	Glon	BURNIE	02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
0	NORTH MICUNDEL	TOSVITAL	103 BU	ckingham	DR YES NO
3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	19. AGE (In years II	FUNDER 1 YEAR JIF UNDER 24 HRS.
	Famal lishits WIDOWED	DIVORCED	5-22-9	last birthday)	Months Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN DF WHAT
aur	Ing most of working life, even If retired)	STRY	Dies	nia)	CDUNTRY?
13.			14. MOTHER'S MAID		2
	CHARLES HIDKINS	>	t _L i	LABETH C	PAKES
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDC	CIAL SECURITY ND. 17.	INFORMANT	Address	0
U	enknown [22]	1.208837 W	ARY E. HA	NDY-103 BUCK	126Hpm 16.
	18. CAUSE OF DEATH (Enter only one cause per line PART I, DEATH WAS CAUSED BY:	for (a), (b), and (c).]) (ONSET AND DEATH
	IMMEDIATE CAUSE (a)	menal lace	morres of	maril	4 horthe
	Conditions, If any, which		16. 0	7-11-50	1 21 12
	gave rise to immediate	sur Cenon	when you	entrentes of	ola) weeks
	cause (a), stating the DUE TO underlying cause last. (c)				DE NO. 11
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IGTO DEATH BUTNOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO NO
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of	item 18.)
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While		CE OF INJURY (Home, fa ry, street, office bldg., e		(County) (State)
ME	p.m. 19 at work	at work	71		
	21. I certify that (1) (this hospital) attended	//	9/18,19	9 66, to / 0	,
	saw the deceased alive on 22a. SIGNATURE	19 6 6, and that	death occurred at 4	7 72 Nr, Trom the causes a	and on the date stated above. 22b. DATE SIGNED
	1852. Chang	ha M.D		MED. STAFF PHYS.	10/10/60
	22c. PHYSICIAN'S NAME (Type)	0.070	22d. ADDRESS		SFGOR
	FAMI J. CHANG	, and	to/w	Kest She	of porenous
238	BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)	3c. NAME OF CEMETERY		23d. LOCATION (City, tow	vn or county) (State)
B		Roselawn Ce	metery 25a. REC	Martinsvill	EISTRAR'S SIGNATURE
24	TOTAL DIRECTOR			CT 1 3 1956 P	Charles Judge
	Raymond C. Fink Glen	Burnie, Md	DATE U	ALTO IOAO 1	1

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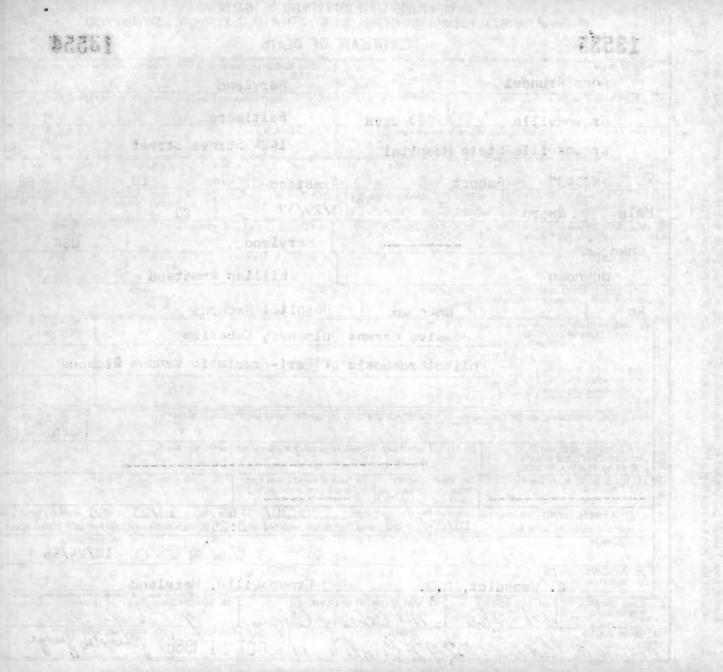
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13554 13553 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after beaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ANNE ARUNDEL b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) EEMS CREEK -ANNAPOLIS BRISTOL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO 3. NAME OF Middle 4. DATE Month Doy Year DECEASED GERTRUDE ARMICER OF ENWINA 10 1966 (Type or print) DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months DIVORCED A Pyrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SOUTH CARCLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HILSON ARTHURE. CATHERINE 1). HERN'HOLM 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-14-3191A FAMILY 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH KACHEXIA IMMEDIATE CAUSE (o) DUE TO METASTATIC DISEASE Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse CANCER OF RIGHT BREAST WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NeNE TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d. INJURY OCCURRED (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work to n 21. 1 certify that (1) (this hospital) attended the deceased fram and that death accurred at 5.50 M, fram casses and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) Becken ne A. 23c. NAME OF CEMEJERY OR CREMATORY 23d., LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1956

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13555 CERTIFICATE OF DEATH by the funeral Bages 1 and 2 haurs after death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY / filled in by the tune in papers. Pages 1 c vithin 72 haurs after d Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 23 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 1424 Barnes Street Crownsville State Hospital YES NO X pau 3. NAME OF Lost 4. DATE Month Dov Year DECEASED (Type or print) #33437 10 Robert DEATH 19 66 Armstead carl IF UNDER 1 YEAR S. SEX 9. AGE (In veors IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Dovs Hours 3/29/37 Male DIVORCED Neoro WIDOWED and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** pup attending physician sermit. Then please Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Lillian Armstead Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) ((If yes give war ar dates af service) Hospital Records No Unknown IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Massive R INTERVAL BETWEEN ONSET AND DEATH Massive Recent Pulmonary Embolism IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Phlibothrombosis of Peri-Prostatic Venous Plexous Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying cause as the priar tal 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION be detached far use State Dept. af Health YES X NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. Not While factory, street, affice bldg., etc.) ot wark 9/30/, 19.66, to 10/23, 1966, that (I) (we) last attended the deceased fram 21. I certify that (1) (this haspital) 10/23×19 66, and that death accurred at 8:25 M, from causes and on the date stated above. saw the deceased aliver on. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED.
DIRECTOR STAFF PHYS. 10/24/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Marvland NAME (Type) Genedict. M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Stote) DATE THEREOF (County) 23a. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2So. RECAD BY REGISTRAR 2Sb. VR A15 (4) DATE OCT

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b COUNTY b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn). Glen Burnie DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Glen Burnie d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel YES NO 7806 Shellve Road First Middle 4. DATE Month Doy Year John Gibson Atwell DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Days Manths Haurs White WIDOWED DIVORCED Oct. 13. 1907 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Leesburg, Va. Mechanic - Auto Retired TE Franklin T. Atwell Cantola French 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Glen Burnie, Md. 16. SOCIAL SECURITY NO (Yes, na. grunknown) (If yes give war or dates of service 579-03-9894 Louis F. Atwell. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year

CERTIFICATION

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requires that the death certificate be executed within 24 haurs after

13556

1. PLACE OF DEATH

a. COUNTY

3. NAME OF

Male

last.

13. FATHER'S NAME

S. SFX

DECEASED (Type or print)

signed by the buriol-tronsit p attending p os the this certificate has been be retained by the hospital be detached O FUNERAL DIRECTOR: After 3 should I with the S

5

Hour o.m.

REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

20d. INJURY OCCURRED Nat While at wark ot work

20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)

PHYS

22d. ADDRESS

(City or tawn)

(County) (Stote)

21. I certify that (1) (this benital) attended the deceased fram. 19 62 ta 19 6 G, that (1) (we) last 19 66, and that death accurred at \$153PM, from causes and an the date stated above. saw the deceased alive an 10/10 22a. SIGNATURE 22b. DATE SIGNED

M.D.

Union Cemetery

NAME (Type)	cha	incl	I,	
BURIAL, CREMATION,	23b.	DATE	THEREOF	

ocuman 23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

DIRECTOR

(County) (Stote)

23d. LOCATION (City or Town) Icesburg Va-2So. REC'D BY REGISTRAR

Kirkley Funeral Home, Glen Burnie, M.

1966

VR A15 (4) 20 M 1/66

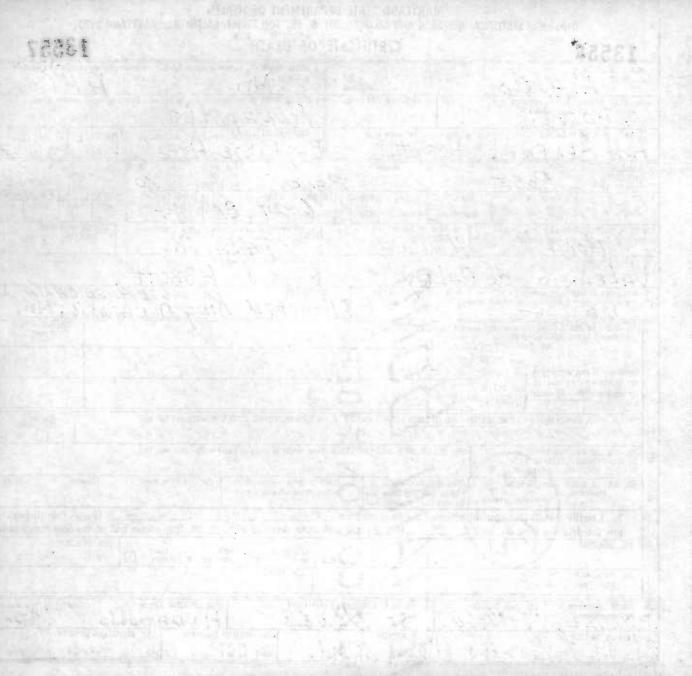
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2		Division of STATISTICAL RES	MARYLAND STATE DEI			ID 21201
W		Division of STATISTICAL RES	CERTIFICATE	OF DEATH		13557
naurs affer deal		PLACE OF DEATH A. A. CO	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceosed lived, if institution: b. COUNTY	Residence before odmission)
I, and in any event, within 72 haufs affer		o. CITY OR TOWN (If autiside corporate limits, while RURAL and give neares) town)	c. LENGTH OF STAY IN 16	HUNAP	corporate limits, write RURAL	02.1
53		NAME OF HOSPITAL OR INSTITUTION (If not in hospital in	ospt,	BAY RADGE	LITTUEL Apt.	
		NAME OF DECEASED Type or print) SEX 6. COLOR OR RACE 7. MARRIE	Middle B NEVER MARRIED 8	A. DATE DE BIRTH	DATE Month OF DEATH 9. AGE (In years If	Doy Year 19 6 6 UNDER 1 YEAR IF UNDER 24 HRS.
		F W WIDOWE		6-27-8/	lost birthdoy) M	onths Doys Hours Min.
	dur	ng most of working life, even if retired) FATHER'S NAME	INDUSTRY 1/E	14. MOTHER'S MAIDEN NAME	7. Pa.	COUNTRY? SA
	15	ALEARIO de CA	LRY 6. SOCIAL/SECURITY NO. 17. JI	ELLEN	ABBOTT	VEDICOND D
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17		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		REST		ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	REMIA.	PAT RIGH	IT HIP	
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 11. ABETES	1 2 4		ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (NUKSING	HOME	
•	MEDICAL	Hour o.m. 9-2719 66 W	nile Not While focto	E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
n me state Dept. at Health priar to		21. I certify that (I) (this haspital) att saw the deceased alive on	ended the deceased from	death accurred at 3	ta, ta, ta, fram causes an	_, 19 , that (I) (we) la d an the date stated abav
shauld be filed with the		220. SIGNATURE	eule M.C	D. ATTENDING MEE PHYS. DIR 22d. ADDRESS	O. STAFF PHYS.	22b. DATE SIGNED 10-9-66
d De	200	22c. PHYSICIAN'S NAME (Type)	Too. NAME OF CENTER OF OR		224 LOCATION (City or Town)	(County) (State)
R	230	REMOVAL (Specify) 10-12-66	23c. NAME OF CEMETERY OR O	UES 2So. REC'D BY	23d. LOCATION (City or Town) HNUAPOL REGISTRAR 25b. REGIS	(County) M(State) TRAR'S SIGNATURE
18	10	hu M. Joy for + Aous	(Inneroli Ma	DATE OCT	11 1966	harles Judge.



A month of the contract of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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death.

CERTIFICATE OF DEATH

13558

PLACE OF DEATH O. COUNTY	Anne Arund	lel MARYLAND	PTATE	there deceosed lived, if institution: Resi	idence before odmission) nne Arundel
write RURAL	(If outside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	rside corparate limits, write RURAL ond	12-1
	PITAL OR INSTITUTION (If not indeal General F	n haspital, give street address) **Tospital** **Tospital	d. STREET ADDRESS	van Shores	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Daniel	Middle (none)	BARHAM SR.	4. DATE Month OF DEATH October	Doy Year 7 1966
S. SEX	6. COLOR OR RACE 7	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 19, 190	last birthday) Manth	DER 1 YEAR IF UNDER 24 HRS. ns Days Haurs Min.
10a. USUAL OCCUPATI during most of worki	ON (Give kind af wark dane ng life, even if retized) ERY DRIVE	10b. KIND OF BUSINESS OR INDUSTRY	Washingte	on, D. C.	COUNTRY?
Ben 15. WAS DECEASED B	VER IN U.S. ARMED FORCES? 1) (If yes give war or dates of s		CARRIE	Lee Wood	DARO
PART I. D	iate cause (a),	Motarta	en-pul	many	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER		TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Part I or Part II of item 18.)	
20c. TIME OF I	NJURY Month, Doy, Year o.m. p.m. 19		LACE OF INJURY (Hame, form actory, street, office bldg., etc.)		(County) (Stote)
21. I ce saw the	rtify that (I) (this hosei deceased olive an	attended the deceased fram. Oct. 6, 19.66, and the	nat deoth occurred at,		n the date stated obav
22o. SIGNATU	den of	my J.	M.D. ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS. 22b	o. DATE SIGNED
22c. PHYSICIA NAME (Ty	rpe)	7 /		dral St., Annapol	lis, Md.
230. BURIAL, CREMA REMOVAL (Spec	EVAL Oction	1966 Hillcrest		23d. LOCATION (City or Town) ANNAPOLIS, Y	(County) (State)
24. FUNERAL DIRECT	desty 12 Rid	address ANNAP	/ In/ II	ST 1.3 1966 gclu	arles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. af Health priar ta burial, crematian, ar remover and in any event, within 72 haurs after. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

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	E 2 4	100		13562 CERTIFICATE OF DEATH 13561	
leat	funeral and 2 death.	1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissi a. COUNTY 2. STATE No. 2. A COUNTY	
executed within 24 hours after death.	the fu	/		Anne Arundel MARYLAND a. STATE Maryland b. COUNTY Anne Arunde	1
aft	by the Pages urs aft			b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town	vn)
ours	in b Pour			Linthicum 13 years Linthicum	
4 h	led pers 72 l			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM	CE ?
n 2	y fill	00		206 Nursery Rd. 206 Nursery Rd. YES ND	X
M M	and completely filled in by emove carbon papers. Pag any event, within 72 hours			NAME DF First Middle Last 4. DATE Month Day Year DECEASED Nora Louise Blann DEATH October 16, 1966	
	COUT Ve eve		5.	7. MARRIED NEVER MARRIED	
	and con remove			emale will be widowed by Divorced Oct. Ji, 10/7 yrs.	,,,,
1	-		10a. durii	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	aleas aleas		12	Housewife Home Easton, Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	ding pr Then remova		13.	A · · · · · · · · · · · · · · · · · · ·	
	re Tel		15.	WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	attending permit. Then		(Yes	no, or unkown) (If yes give war or dates of service) when. Edward C. Blann Same	
	the pe			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), 1	EN
6	by ansid rem			PART I. DEATH WAS CAUSED BY: Carelal Vassalar and the Symp.	H
sicia	been signed by the atten the burial-transit permit. or to burial, cremation, or		7		
phy	buri			Conditions, if any, which) (b) (breeze-salers - Cardio ascula)	
or attending physician. ate has been signed by the attending physician as the hirial transit neemit. Then hie	or to			gave rise to immediate cause (a), stating the underlying cause last. DUE TO Aug Valence (c)	
has	as as		-	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS	SY
or a	alth	0	CATI	Rhendord arthrete YES ND	
- = 5	of He		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
hos is c	ept.			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	
After this certiful be detached for the	ומובים		MEDICAL	Hour a.m. p.m. 19 Not While at work at work at work	,
(2)	0 0			21. I certify that (I) (this hospital) attended the deceased from do + 40, 450 to 4/2 , 1966, that (I) (we) I	as
etair TOR	3 should with the			saw the deceased alive on 9/51/62 19 , and that death occurred at 950 M, from the causes and on the date stated about	ove
- 14	ξ α K			22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF	
lay	page		-	M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	
4 m	director, page should be filed w	1		22c. PHYSICIAN'S Dr. Joseph N. Zierler 2502 Eutaw Place	
Page 4 may be retained TO FUNERAL DIRECTOR: director page 3 should	Joule		23a.		
2 2	S	0		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Easton, Maryland (State) Spring Hill Easton, Maryland	
		2		FUNERAL DIRECTOR 25a. REGISTRAR'S SIGNATURE	
/R A.15 (16		ewham Funeral nome Baston, Ma. DATE OCT 19 1956 formules Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13567 ond 2 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ompletely filled in by the funerol ve corbon papers. Pages 1 ond event, within 72 hours ofter deat o. COUNTY o. STATE MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town write RURAL and give negrest town) BALTIMORE Glen BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Middle 3. NAME OF 4. DATE Doy Year completely DECEASED OF DEATH 19 (Type or print) S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED (In years NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GREEN LIZA UHIN signed by the attending pheuriol-tronsit permit. Then buriol, crematian, or remov 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give war or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the hospital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been prior to the lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO YES Por 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRID. (Enter noture of injury in Port I or Port II of item 18.) detached for the detact of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram ta_/ 0 1966 186, and that death accurred at 7.3k M from causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LINSAD, M 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 66 MILAUBURN ALTIMOR 10-12 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 66/W, Barre 1966 DATEC

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE LA D o. COUNTY b. COUNTY 10 ce Page 0 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo PM3 write RURAL and give negrest town) D.O.A. Crownsville XXXXXXXXXXXXXXXXX Annanol d. STREET ADDRESS d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE hours Office along with form DN A FARM? 480 R in Item 18. Give Pages NO Anne Arundel Gen. Hosp. 24 hours after deoth. 3. NAME OF Middle 4. DATE Month Lost Doy Year DECEASED 10 2/ 19 6 6 within PRANK (Type or print) DEATH S. SEX 6. CDLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours 4-23-93. WIDDWED DIVORCED ond 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any Self- Empolved LISA Missouri Farmer (Ret.) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil This certificate should be executed within william Unknown Butts ⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. word "pending" i the Chief Medicol (Yes, no, or unknown) (If yes give wor or dotes of service) 702-18-5965 Mrs. Lillie M. Butts (Wife) Same as No None per 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (0)2 writing the word used os o burial-tra buriol, cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate. NO × ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Notural couses Suicide Undetermined monner death resulted from Accident Homicide moy be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 moy be TO FUNERAL Heolth or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25,1966 Glen Haven Memorial Park Glen Burnie, Md Oct. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) R.V. Singleton Glen Burnie, Md. 1966 DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13564 13565 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH filled in by the funeral popers. Pages 1 ond O. COUNTY Arundel o STATE b. COUNTY MARYLAND Baltimore City Maryland Haltimore Cit b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Crownsville Baltimore 29 days e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event, within 72 412 N. Duncan St. Crownsville State Hospital YES NO DE Middle 4. DATE 3. NAME OF Lost Month Doy carbon First Year 1966 DECEASED Carmine 10 18 P. (Type or print) 3-#33335 Marie DEATH 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Female Dec. 27, 1905 WIDOWED DIVORCED White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY'S A. leose during most of working life, even if retired) **INDUSTRY** vsicion MENNIKANNI VIRGINIA Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME BARE Mary Emmet Firebauch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 216-09-1093 17. INFORMANT MR. WILLIAM R. CARMINE, SAME AS 4d (Yes. no. or unknown) (If yes give wor or dotes of service) Hospital Records IXMX NAKX No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH Massive Pulmonary Atelectasis IMMEDIATE CAUSE (o) DUE TO Mucus plugging of Tracheo-bronchial tree Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Carcinoma of left breast TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) von Recklinghausen's Neuro-fibromatosis YES X NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. While of work of work foctory, street_office bldg., etc.) 19 60 9/19 , 19 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ . ta 19.66, and that death accurred a9:45 M, fram causes and an the date stated abave. 10/18 saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 10/18/66 X DIRECTOR M.D. director, poge 3 should be filed v 22c. PHYSICIAN'S Crownsville State Hospital, Maryland M. D. L. Benedict. NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) BALTIMORE, MARYL AND BALTIMORE NATIONAL CEMETERY 10-21-66 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Minley Judge 1966 VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Avenue 21229

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, ond 3 to PM3. Poge o. STATE b. COUNTY of after deoth MARYLAND Deportment b. CITY OR TOWN (If outside corporate) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form hours 2920 Noels. ARUNde State Give Pages NOV after death. 3. NAME OF DATE Last Month Doy Year within 72 DECEASED OF the Low 10 19 bon DEATH with S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In veors IF UNDER YFAR IF UNDER 7. MARRIED NEVER MARRIED <u>∞</u> Months Dovs Haurs 8/3/1912 WIDOWED DIVORCED event 24 hours puo 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Westinghouse COUNTRY? pages I in any Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within Ralph Carnochan Catherine Russell File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dotes of service) removal 214-09-6534 Mildred Carnochan Baltimore, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (), b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH arders 0 IMMEDIATE CAUSE (o) certificate should writing the word burial, cremation, DUF TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse 0 forworded nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate. NO YES 9 pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) designoted ogent, prior 3 should PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge Not While ot wark at work 21. I certify that took charge of the remains described above, held an Autopsy for Inspection 7. Inquiry 7 and in my apinion deoth resulted from Natural causes Accident Suicide | Homicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, tawn or county) NAME (Type 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) 0 REMOVAL (Spacify) 10/12/66 Rose Hill Cemetery Hagerstown. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME 6M 1/66 Minnich Funeral Home Hagerstown, Md

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAN
1350-	CERTIFICATE OF DEATH	4 12 00

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1. PLACE OF DEATH- a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Anne Arundle County MARYLA	Maryland Amne Arundre
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Hanover 80 Yrs.	Box #207 Hanover Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	011 - 01112
Box #207 Hanover Maryland	Box #207 Hanover Maryland YES K NO
3. NAME OF DECEASED (Type or print) Lillian Louise Chase	4. DATE Month Dey Yeer OF DEATH Oct. 29,
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Dec. 26, 1879 9. AGE (In years lest birthday) 86 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Home	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) Gambrill's Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arron Adams	Martha Ann Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgive werordeles of service)	Romeo Chase 3611 Fairview Ave.
Conditions, if any, which governise to immediate cause (a), stating the underlying cause lest. DUE TO (b) DUE TO (c)	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20d. Hour s.m. While Not While et work 19 et work 19	De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 22.160.19, and	from the death occurred at
220. SIGNATURE Mank Shipley.	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S FYRM E. Shibley, M	U.D. 22d. ADDRESS Savage, Mil.
PEMOVAI (Specify)	est Cemetery 23d. LOCATION (City, town or county) (Stote) Harmons Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
Nutter Funeral Home-3035 W. North A	DATE NOV 3 1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13568 CERTIFICATE OF DEATH deat. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. STATE Maryland a. COUNTY b COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If gutside corparate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore 18 days Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 5704 Phillys Street Crownsville State Hospital YES NO X pan NAME OF Middle 4. DATE Lost Doy Year DECEASED (Type or print) Eugene Cieri, Sr. 19 66 #33500 10 26 DEATH IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH (In yeors IF UNDER 1 YEAR NEVER MARRIED Months Hours 11/16/81 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) COUNTRYSA Italy 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Foristina Angelo Cieri signed by the attending purial-transit permit. The burial crematian, or remo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 217-07-0509 Hospital Records MAILE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (a) 4221 DUE TO Arteriosclerotic Cardio Vascular Disease Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse the has been priar to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Brain Syndrome - Parkinsonism NO X TO FUNERAL DIRECTOR: After this certificate by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at wark O HOSPITAL OR ATTENDING at work 10/8/ 1900 10/26/ 1966, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram. Page 4 may be retained director, page 3 shauld shauld be filed with the 10/26/1966, and that death occurred at 7:30 M, from causes and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 10/26/66 X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Cougrty) (State) REMOVAL (Specify) 16-29-66 25b. REGISTRAR'S SIGNATU 24. **FUNERAL DIRECTOR** ADDRESS 2So. REC'D BY REGISTRAR DATE OCT

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13569 deoth. requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ANNE ARUNDEL o. STATE MARYTAND b. COUNTY ANNE ARINDET. MARYLAND event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL PROPERTY OFF GLEN BURNIE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 503 KINTOP ROAD 503 KINTOP ROAD NOXX 3. NAME OF Middle 4. DATE First Lost Dov Year DECEASED 19 66 F. (Type or print) DEATH IF UNDER 24 HRS. AGE (In veors IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH birthdoy) Months Doys Hours 9-12-1885 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? U.S.A. during most of working life, even if retired) RETIRED PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM CLARK THERESA MITE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) MRS. MARY C. CLARK, 503 KINTOP ROAD 187-03-5472 A INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retoined by the hospitol or attending physician. tenionlerosis general DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse for use as the t f Heolth prior to b **DIRECTOR:** After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work pe 1966 to 19 66, that (I) (we) last Whe director, page 3 should should be filed with the saw the deceased stive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S ADDRESS TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
BURIAL MARYLAND BALTIMORE. 10-13-66 CEDAR HILL CEMETERY ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley VR A15 (4) 20 M 1/66 DATE OCT 4 1986 OWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

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or, page 3	22c. PHYSICIAN'S NAME (Type)	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
£ & #	BB. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 23d, LOCATION (City, lown of co	ma.
SM 7-62	William Reese II Gryplus, H	2, DATE OCT 6 1986 JClie	mles Judge

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND funeral 0 after shoul 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) Anne Arunde hours e. COUNT) by the and 2 and 2 death. b. CITY OR TOWN (if ourside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) 2 Pages Baltimore filled NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely NO S papers. NAME OF 72 Middle DATE DECEASED OF within (Type or print) DEATH S 19 carbon S. SEX 6. COLOR OR RACE IF UNDER 24 HRS and 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 7. MARRIED NEVER MARRIED last birthday) Months physician remove 1Da. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY State, or foreign country) done during most of working life, evan if ralired) any INKNOWN ding pl .5 13. FATHER'S NAME MOTHER'S MAIDEN NAME enknown aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive wer or detes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremati DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying the cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. WAS AUTOPSY 95 9 CERTIFICATION PERFORMED? use prior YES NO T for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) retained jo fectory, street, office bldg., atc.) While Not While Hour a.m. DIRECTOR Dept. et work et work p.m pe 21. I certify that (I) (this hospital) attended the deceased from Line 19.66 that (I) (we) last pluods ate and that death occurred at... 11.1.M, from the causes and on the date stated above. saw the deceased alive on. may 22b. DATE 220. SIGNATHRE ATTENDING MED SIGNED STAFF HOSPITAL FUNERAL page with t PHYS. DIRECTOR PHYS. cua M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, filed v NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE AOCATION (City, town or county) (Stata) NAME OF CEMETERY OR CREMATORY るである REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D-BY REGISTRAR ADDRESS VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: delay i. ind 3 to a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) P.M3. write RURAL and give nearest town) Departm after 9/en BURINE EN BURNIE. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? hours Office olong with farm BURNIAL/ - Box 226 0 LOMBARDY BEACH, VIEW POINT, GLEN NO Give Pages YES [hours ofter death. 3. NAME OF Middle Last DATE Manth Day Year 5 within 72 DECEASED XXXXXXXXDiSAIA eres A 10 1966 (Type or print) DEATH 9. AGE (In years IF UNDER IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Haurs Item 18. WIDOWED DIVORCED AUGUST 8, 1899 event 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) COUNTRY? INDUSTRY VNO HOUSEWIFE MARYLAND 2 II.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within = MARGARET TWIST puo JOHN HATTER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, ar unknawn) (If yes give war ar dates af service removal. -Mr. Joseph L. DiSaia, 3653 McTavish Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far,(a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) This certificate should cremation, DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause 0 last. buriol 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO oc certificate, Health or its designated ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should CAUSE OF DEATH. (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. Nat While MAGU My 21. I certify that I took charge of the remains described above, held Inspection -Inquiry and in my opinion Suicide 🕶 death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, tawn, ar caunty) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify)
BURIAL LOUDON PARK CEMETERY 11-2-66 BALTIMORE MARYLAND ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Milanley 1966

HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13574 13574 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death pup attending physician and completely filled in by the funeral bermit. Then please remave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY AnneArundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 North Homeland Ave., Anne Arundel General Hospital NO X 3. NAME OF Middle 4. DATE Last Year DECEASED DUCKETT, Sr. OF DEATH Kenneth Harrison 16 19 66 October (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Manths Hours Male White and in any WIDOWED DIVORCED Nov. 14, 1889 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? RMING Marviand removal, 16. SOCIAL SECURITY NO. INFORMANT #2 (Yes, no, grunknawn) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a) 1b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Nat While , 19 66 that (I) (with clast 21. 1 certify that (1) bishocited) attended the deceased from saw the deceased alive an Oct. 16 19.66, and that death occurred at fram causes and on the date stoted obove 22b. DATE SIGNED SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) DAVIDSOUVILLE 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4)

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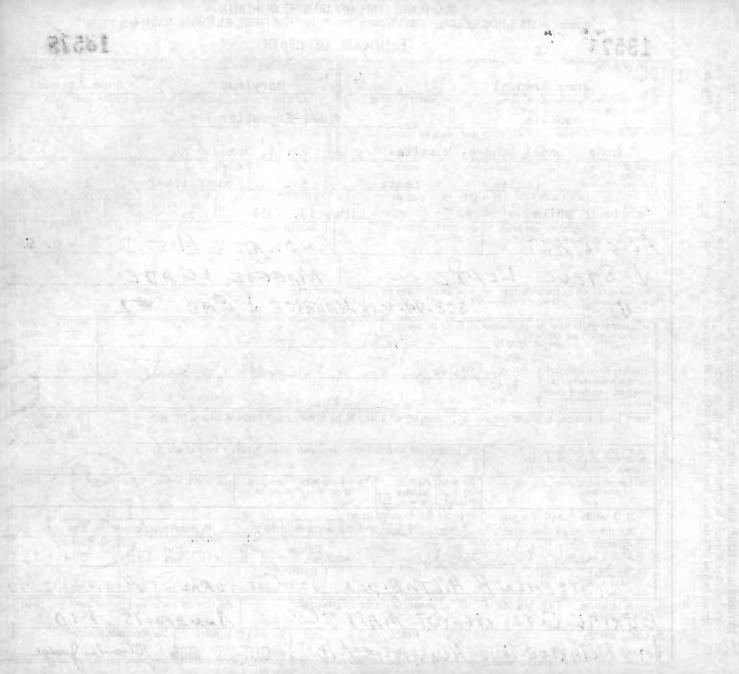
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO L 3. NAME OF Middle Month DECEASED DF DEATH 10 (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Oays | Hours | Mim. 7. MARRIED NEVER MARRIED 1911 WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) NDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova UNKNOWN ed by the attend transit permit. cremation, or n 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) our. ardiovascular Heart Conditions, if any, which gave rise to immediate OUE TD cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES -NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) NONE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from OCTA bb, and that death occurred at 6524M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENOING NAME (Type) 22d. ADORESS FUNERAL director, p John H. Daughtery, M. CYOWNSUILL Mary BURIAL, CREMATION, 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMDVAL (Specify) ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13579 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Annapolis c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 days (Rural) Bristol e remave carbon papers. In any event, within 72 hau d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X Anne Arundel General Hospital Bristol P.C. 3 NAME OF Middle 4. DATE Month Doy Year DECEASED 1966 Hettie Elizabeth ENNIS October 22 (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours August 12, 1889 WIDOWED F DIVORCED Negro Female COUNTRY? 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME Demestic 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service 214-54-1697 Josephine A. Burley Bristol Md No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO IX TO FUNERAL DIRECTOR: After this certificate far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While of work TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work 1936, taOct. 22., 1966, that (1) issetclast 21. I certify that (I) this translated attended the deceased from M, fram causes and an the date stated abave 19 66, and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF 10/24/66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po Emily H. Wilson, M.D. Lothian. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION REMOVAL (Specify) Union chapel Anne Arundel, Md 10/25/66 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 Annapolis.Md C.E. Hicks, 111

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1 /	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OR STATE	13580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13580
ALTH DEPT.	1. PLACE OF DEATH o. COUNTY P. ACO MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY BACO.
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E B	Howard A- Ewing Flotence O'Brien 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SPICIFITY NO. 17 INFORMANT
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for ote	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond in my opinion death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined manner
tunerol director. by be retained INERAL DIRECTO th or its design	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
the funero 5 moy be 5 FUNERAL Heolth or	NAME (Type) E. LINDAROT Address (Street, city, town, or county) 10-11-66 230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State)
0	REMOVAL (Specify) Oct-14,1966 Glen Haven Mem. Pal-K. Glen Burnie Md. 24. FUNERA DIRECTOR 14. School
VR A15ME (5)	RVAingleton Clan Burnie, M. DATE OCT 13 1966 Charles Judge

				PARTMENT OF HEALTH	
		Division of STATISTICAL R	ESEARCH AND RECORDS, 30	W. PRESTON STREET, BALTIMORE, MARY	'LAND 21201
FOR STATE		13581 N	IEDICAL EXAMINER'S	1 W. PRESTON STREET, BALTIMORE, MARY 15/66 mh CERTIFICATE OF DEATH	13581
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e e e e e f A ef A ef A r r r e r r e e		PART I. DEATH WAS CAUSED BY:	10 (0), (0), may 1.1	and Skul	MSET AND DEATH
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DEPUTY MEDICAL EXAM stessary, please execute the funeral directar. Page 4 may be retained far your funeral DIRECTOR: Page salth or its designated age		EXAMINER'S NAME (Type) E. LINE	lordt.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	10/31/66
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	saw the degeased alive on	death occurred at 4 3 M, from the causes and on	the date stated above
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	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	111/14/66
	Willard F. Smith MI	Stady Side, o	W.
38	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	- m 11	nty) (State)
,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13584 13583 filled in by the funeral no papers. Pages 1 and 2 within 72 haurs after death. 2 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Anne Arundel o. SiMaryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town)

Crownsviile c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2mos. 11 days Rt. 508 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital Adelena YES NO X campletely fi NAME OF Middle last 4. DATE Month Day Year DECEASED (Type or print3-#32827 OF DEATH 10 19 66 Moses Gross 11 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours DIVORCED & March 19, 1921 Male Negro WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? U.S.A. INDUSTRY ys Ligh please Farm Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phy Moses Gross Annie the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor ar dotes af service ь Yes Unknown Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) Respiratory Insufficiency: Severe Emphysema: DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause has been the PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Health NO V Chronic Brain Syndrome YES TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While foctory, street, office bldg., etc.) 7/30 10/11 1966, that (I) (we) last 1966 ta 21. I certify that (I) (this hospital) attended the deceased from. be retained saw the deceased alive on 10/11 19 66, and that death occurred of A. M. from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X M.D. DIRECTOR PHYS. 10/11/66 PHYS. TO HOSPITAL Page 4 may b 22d ADDRESS 22c. PHYSICIAN'S Benedict. Crownsville State Hosital. Maryland NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23a. SURIAL CREMATION, REMOVA (Specify) 23d. LOCATION (City of Town) 23b. DATE THEREOF (County) (Stote) Med.S chool SAUT MORE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OCT 1966 108 WWASHST.

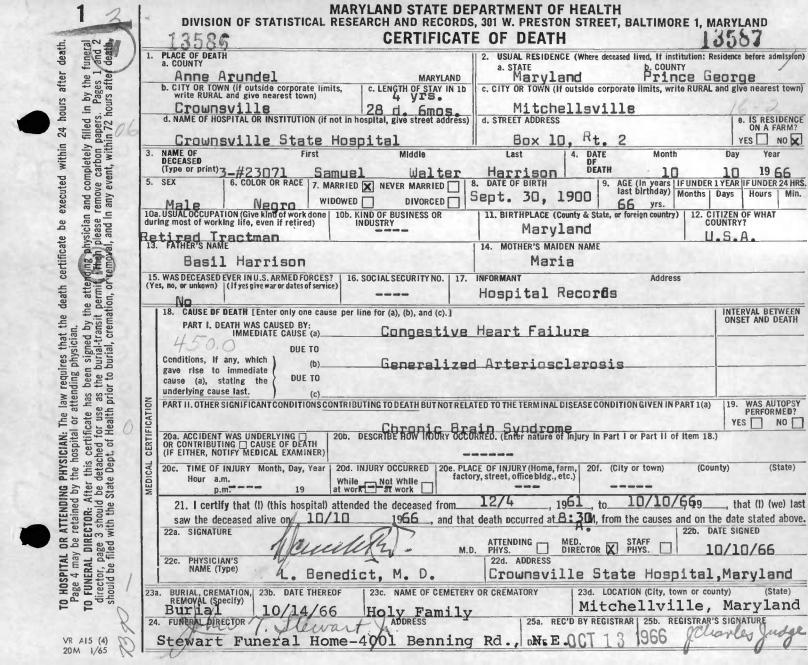
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13588 13584 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth. death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon popers. Pages 1 ond 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town)
Annapolis 19 days Rural -- Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Delham Farm, Box 82, Rt. 3 Anne Arundel General Hospital NO T YES 3. NAME OF 4. DATE First Middle Last Day Year DECEASED 1966 15 Maria HAMMOND October (Type or print) Anna DEATH 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours White WIDOWED DIVORCED August 10, 1916 50-rs. Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Lh BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT the attending physicion of sit permit. Then please during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME U.S. Maryland 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar ynkylolyn) (If yes give war or dates af service mmon 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by physician. DUE TO Canditians, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z YES for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) detached for the Dept. of H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour o.m. factory, street, office blda., etc.) Not While ot work at wark 1966 to Oct. 15 1966 that (1) 70%) last 21. I certify that (1) (************************* attended the deceased from. une Poge 4 may be retained saw the decreased alive an Oct. 14. 1966_, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE director, poge 3 should be filed v DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) Richard I. Hochman, M.D. 59 Franklin Street, Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or John) (County) 23a. BURIAL, CREMATION 23b. DATE THEREOF 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa, REC'D BY REGISTRAR ADDRESS VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13585 2 and 2 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carporote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) RURAL - Arnold Annapolis 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-3, Box-284 Anne Arundel General Hospital YES NO requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Manth Doy Year DECEASED (Type or print) 1966 Francis William HARGADON October DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Feb. 15, 1911 Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY CHAFFEUR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) during most af working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT PRAIRE Address 233-PRAIRE R. HAREABON 2155. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 233-11 (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been 2 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO XX far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 2Dg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED foctory, street, affice bldg., etc.) Hour a.m. Nat While at wark at work 21. I certify that (I) (this has best of attended the deceosed from July 10, 1966, ta Oct. 4, 1966 that (I) (sex) last saw the deceosed olive on Oct. 4, 1966, and that death occurred of 323 M, from causes and an the date stated abave. be retained 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HahnProfBldg., Severna Park. Ray M. Smith, M.D. directar, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Ritcherlotyhy BURIAL 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Melarley Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13587 CERTIFICATE OF DEATH death ond campletely filled in by the funeral nave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY a. STATE nin 72 haurs after MARYLAND aw requires that the death certificate be executed within 24 haurs after b. CUY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside corporate lignits, write RURAL and give negrest tawn) e IS RESIDENCE ON A FARM? AL OR INSTITUTION (If not in hospital, dive street address) d. STREET ADDRESS NAME OF Middle 4. DATE Month remave carban First Year DECEASED DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX DATE OF BIRTH COLOR OR RACE 7. MARRIED NEVER MARRIED (ast, birthday) Manths Doys Hours DIVORCED WIDOWED the attending physician and sit permit. Then please rem 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done & State, or foreign country) during most of warking life, even it retired) 13. FATHER'S NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. burial-transit permit. (Yes, no, acuaknawn) (If yes give war ar dates af service) CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO signed t Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause ar attending priar to this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [be retained by the haspital be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Not While OR ATTENDING at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 3 shauld b 19 (and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22a. SISNABURI ATTENDING STAFF directar, page 3 shauld be filed v M.D. PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S NPERSO (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 2Sb. REGISTRAR'S SIGNATURE BUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) and give nearest town) -BUKIVIL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS h. KKUIUDIEL 3. NAME OF Middle Doy Year DECEASED OF H. 10 10 19 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost bi birthdoy) Months Hours Doys 4-3-WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Herman Rosa Dehrl 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dotes of service) 216-05-8451 Miss Rosella Herman 4000 Chatham Rd. 1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work 21. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection deoth resulted from: Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER F. Lew bands **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) 10/12/1966 Lorraine Park Cemetery Woodlawn, Md. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE OC

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 JV, PRESTON STREET, BALTIMORE, MARYLAND 21201 1359 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral PLACE OF DEATH o. COUNTY Terunder b. COUNTY b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 autside_corparate limits, write RURAL and give nearest tawn) Write RURAL and nive nearest town) DURNI d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET NAME OF DATE DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. LAGE (In years and in any ev birthday) Months Days Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during most of working life even if retiped) ARYL AND 040 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH I-tronsit signed by IMMEDIATE CAUSE (o) ottending physician. DUE TO burial Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause os the prior to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) abdouina 646 NO D 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) foctory, street, affice bldg., etc.) Hour a.m. Nat While at wark pe 21. I certify that (I) (this hospital) attended the deceased from 10/29 , 19 6, ta (0/26 19 6 that (1) (we) last director, page 3 should should be filed with the 19 6 Cond that death occurred of 6 AM, from couses and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS. M.D. 22d_ ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (Pity or Town) - (County) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13592

1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Cape St. Claire	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cape St. Claire
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Box 240 Route 4 Harbor View Drive	d. STREET ADDRESS e. IS RESIDENCE ON A LARM? Box 240 Route 4 Harbor View Drive YES NOTE NOTE OF THE PROPERTY OF THE PROPER
3. NAME OF DECEASED (Type or print) EPRINTED Middle	HILL 4. DATE Month Doy Yeor OF DEATH 10 11 1966
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Naniths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired Tin Smith 13. FATHER'S NAME	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore U.S.A.
Nicholas S. Hill	14. MOTHER'S MAIDEN NAME Elizabeth Chickering
(Yes, no, or unknown) (If yes, give war or dates of service)	rs. Margaret L. Hill-Harbor View Drive
CAI	andio - Vascular curterios Clerosis 10 years flue Rote facture NOT REFATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO. (Enter nature al injury in Part I at Part II at item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CCE OF INJURY (Hame, form, large, street, affice bldg., etc.) (Caunty) (Caunty) (State)
21. I certify that I attended the deceased from 8-24 alive on 10-10, 1965, and that death ACTUAL Bertrand C. R. Sauce	accurred at 3,50 ArM, fram the causes and an the date stated abave. ADDRESS (Street, city or lown, stote) DATE SIGNED
PHYSICIAN'S Bentrand C.R. GAU	Cape Si Clavie Annapolis Ma
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	(Side)
Burial 10/13/66 Druid Ridge C 23. FUNERAL DIRECTOR'S SIGNATURE Loring Byers-8728 Liberty Rd. Randalls	Stown, Monte OCT 13 1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY by the Pages 1 a a. STATE Anne Arundel Maryland MARYLAND Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ove carbon papers. Page y event, within 72 hours at Linthicum Linthicum e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 ND V 301 W. Greenwood Rd. 301 W. Greenwood within Month Day Year NAME DE Middle Last DATE DECEASED DEATH Raymond J. Hill Sr. 19 (Type or print) Oct. 66 executed AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. OATE OF BIRTH 5. SEX 6. COLOR OR RACE remove 7. MARRIEO X NEVER MARRIEO last birthday) Months | Days Hours any Male WIDDWED [OIVDRCED White 7903 12. CITIZEN DF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Ξ ease COUNTRY? INDUSTRY during most of working life, even if retired) Clerk Fabric Balto. Md. certificate 1 removal, 13. FATHER'S NAME MOTHER'S MAJOEN NAME ing ph Then John T. Hill Sophia Dean 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Mrs. Marv he INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), s the burial-transit DNSET AND DEATH PART I. DEATH WAS CAUSED BY: 4 day attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate OUE TD cause (a), stating the prior 1 underlying cause last. (c) as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY CERTIFICATION for use Health PERFORMED? ND T DESCRIBE HOW INJURY DCCURREO. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cel be detached State Dept. 20e, PLACE OF INJURY (Home, farm, (County) (State) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While After Id be d While at work p.m. 19 at work 21. I certify that (i) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the and that death occurred at 12 26 M, from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.O. PHYS. director, pa 22C. PHYSICIAN'S 22d. AOORESS LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) Burial 25a. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR Mc Cully 130 E. Fort VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13594 FOR STATE 2. USUAL RESIDENCE (Where deceosed lived, if institution: PLACE OF DEATH o. COUNTY b. COUNTY o. STATE ANNE ARUNDEL ANNE ARUNDEL delay is ond 3 to Maryland PM3. Page df. after death. MARYLAND Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Rte.10 Box 257 Lake Shore Rte 2 Box 242 Dunde Road NO X 8. Give Pages 3. NAME OF 4. DATE Month Year DECEASED October 30 1966 HUTSON Dennis within DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Hours 2-12-42 DIVORCED White WIDOWED Male 10b. KIND OF BUSINESS OR INDUSTRY COPPER 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? LHIMORD FINE MOTAL CAST shauld be farwarded to the Chief Medical Examiner's 3. FATHER'S NAME in pencil INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 14-40 MB-MAUDE AIHUTSON or remaval, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Shotgun wound of face IMMEDIATE CAUSE (o). This certificate should writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse D ds 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO please execute the certificate, ţ pe 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld designated agent, prior **EXAMINER:** Subject shot during altercation CAUSE OF DEATH (Stote) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. Duilde towRoad (County) Not While foctory, street, office bldg., etc.)

porch ot work Rt. 2 Box 242 Md. A.A. p.m. 10-30 1966 ot work 21. I certify that I took charge of the remains described above, held an Autopsy X Inquiry Inspection ond in my opinion death resulted fram: Suicide Hamicide X Undetermined manner Natural causes Accident may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER October 31, 1966 Springate, M.D. **EXAMINER'S** Charles S. 5 may 10 FUNE Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) BROOKLYN-DID 23c. NAME OF CEMETERY OR CREMATORY (Stote) the 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) CHARLES ST. 21230

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MARYLAND STATE DEPARTMENT OF HEALTH

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24 1/20 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13596 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. by the funeral .. Pages 1 and 5 haurs after death ANNE ARUNDEL I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. STATE DEDNSULLE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) vr. 3 mos. filled in b d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO YES 3. NAME OF Middle DATE pau First Manth Day Year event, wit DECEASED 10800 DEATH 10 66 (Type ar print) Car S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED clast birthday) Manths Davs Haurs n any DIVORCED and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a COUNTRY? during most of warking life, even if retired) INDUSTRY andi Louis, Missouri USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaya the attending phy sit permit. Then HomAS ALLEN XTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service 5 signed by the atter burial-transit perm burial, crematian, a Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH NCHO PREUMONIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUF TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse prior ta O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. af Health DHOLIC INTOXICATIONNES ATTENDING PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) Nat While 1966that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram be retained 19 66, and that death occurred at 4A M, from causes and an the date stated above saw the deceased glive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. MED. DIRECTOR **ATTENDING** 10/5/66 M.D. PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Benedict. M.D. Crownsville. Marvland NAME (Type) 23b. DATE THEREOF 23c/ NAME OF CEMETERY, OR CREMATORY 23d_LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY b. COUNTY Anne Ammdel Anne Arundel MARYLANO b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours = Annapolis life Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? D.O.A. Anne Arundel General Hespital 1902 Lincoln Drive NOXX etely carbon 3. NAME OF First Middle DATE Month Last 4. Day Year DECEASED (Type or print) WITI.IAM MCKINIEY JONES 19 66 DEATH Oct 5. SEX 6. CDLDR OR RACE | 7. MARRIED | NEVER MARRIED and cor 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isat birthday) | Months | Oays | Hours | Min. any Male WIDOWEDXIX Oct. 22 -1898 Negro DIVORCED 68 = 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? ********* Constrution Calvert Co. Md. Laborer U.S.A death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Themas Jenes Reid Mary 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or re 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Katherine Chambers-307 West St. Anna. Md. 218-14-3185 CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr 200 OUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMEO? NO A YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t, of 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work AP retained DIRECTOR: A age 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SICNATURE DATE SIGNEO De pe ATTENOING PHYS. OIRECTOR PHYSICIAN'S director, p NAME (Type) R St. Annapolis, Md. .L.Richardson 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF (State) REMOVAL (Specify) Davidsonville Davidsenville, Md. Oct. 29-66 Burial 25a. REC'O BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **AOORESS** VR AI5 (4) C.E.Hicks 111 Annapolis, Md. DATE 20M 1/65

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	Page Page	22c. PHYSICIAN'S 22d. ADDRESS
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25	rage 4 may be retained to FUNERAL DIRECTOR. A director, page 3 should be filed with the	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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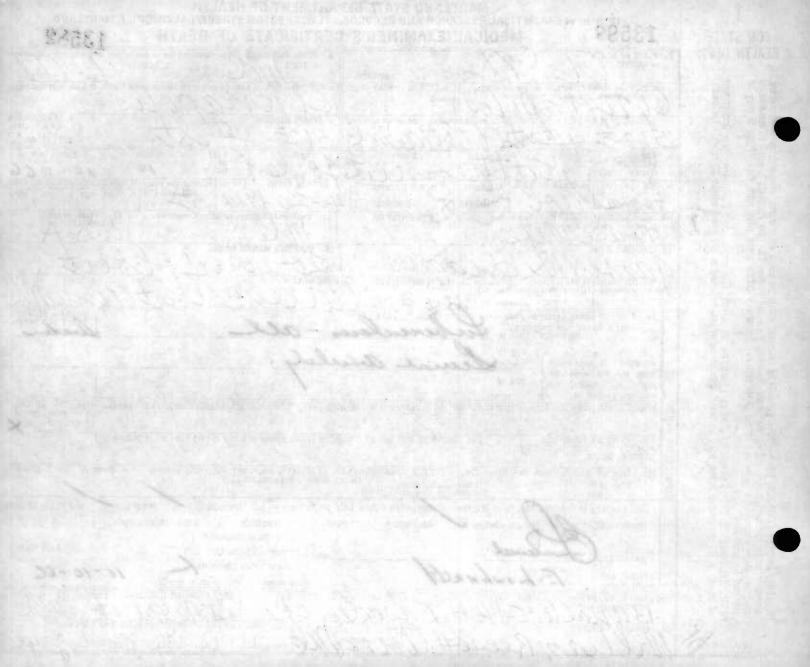
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13599 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13582
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
	a. COUNTY a. STATE b. COUNTY C. C. C. C. C. C. C. C. C. C
cessary, funeral may be partment	b. CLTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the further the fu	d. NAME OF HOSPITAL OR INSTITUTION (If not lin hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDENCE
s aft	ON A FARM?
delay is necessary, and 3 to the funeral page 5 may be State Department hours after death.	3. NAME OF FIRST Middle Last 4. DATE Month Day Year
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any del the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the chief Medical Examiner's Office along with form PMS. It files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SI designated agent, prior to burial, cremation, or removal, and in any event within 72 ho	DECEASED (Type or print) Hall of 10 012 and 012 and 012 and 013 (6)
ith. If a ges 1, 2 form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8/ DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Isat b) Inthaty Months Days Hours Min.
ages for	Tomale Of widowed Divorced 4-20-1714 32 yrs.
ive Pa with 1 and event	10a. USUAL OCCUPATION (Give kind of work done of the later of the late
afte 3. Gi ong es 1 any	13. FATHER'S NAME
n 18. e along pages in any	hamen Williams Toursell et best
24 ho 1 Item Office File and	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (7 es, no, or unknown) (If yes give war or dates of service)
hin Sil in r's ((15), 110, or unknown) (11 yes give war or dates of service) 6.131/6,4592 (1aleucolocate and ales of service)
within 2 pencil ir miner's permit. removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 2
uted ", in Exa nsit or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surveyurlase's - all Fine to the control of th
exec ding lical ll-tra ation	Conditions, If any, which } DUE TO Conditions, If any, which }
uld be executed in "pending" in standard in Sxan Medical Exan a burial-transit cremation, or	gave rise to immediate cause (a), stating the DUE TO
ould bief hief s a l	underlying cause last. (c)
ficate shou the word of the Chiel used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
iffica th to th to tr	YES NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
R: This certiff sate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTUPED? PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
This rwar rwar shou ent,	
Cate of the second of age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work.
EXAMINE the certific the certif	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, and in my opinion
NEDICAL EXA cute the coage 4 shour r your files. DIRECTOR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
EDICA The till The till	ACTUAL CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Y MEDIC execute Page I for you AL DIRE	SIGNATURE DEPUTY MEDICAL EXAMINER
o DEPUTY MEDI please execute director. Page retained for yo of Health or its	NAME (Type) /- / NAME (Type) Address (Street, city, town, or county)
O DEPUTY please e director. retained O FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. CONTION (City, town or county) (State)
P	24, FUNERAY DIRECTOR ADDRESS
VR A15ME	MIN VI Cam ROBSETT (MACVICE DATE OCT 18 1966 Jelianles Judges
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Rasidenca before admission) a. COUNTY b. COUNTY by the and 2 death. Maruland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Glen Burnie. yeen Burne. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Country Olub Drive YES NO 4. DATE 3. NAME OF Middle Month Yaer DECEASED Anna. Oct. 11, 1966 (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS pue last birthday) Hours t-emale WIDOWED POC physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) Maryland .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hen pl requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yas, no, or unkown) | (Ifyas give war or datas of sarvica) Country (lud Dr. Gler Burrie, Ma Mr. Kearney 101 permit. been signed by 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which gave risa to immediate causa (e), stating the undarlying certificate ha causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO V YES | R: After this ce detached for t 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Dey, Yeer ō factory, straat, office bldg., etc.) While Not While Hour a.m. 3 should be de et work at work p.m. 19-6, that (I) (we) las 1964., to./.6 saw the deceased alive on! 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF death. Page 4 I TO FUNERAL I director, page 3 be filed with the DIRECTOR PHYS. PHYS. 66200 M.D. 22d. ABDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore. Md. New athedral Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kenny Inc 1600 Hollins Balto. Md. 23 DATE D VR A15 (4) 20M 5-63

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY h. COUNTY 17 th by the and 2 death. b. CITY OR TOWN (if oulside corporele limits OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) 5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 218 Greenlan completely YES NO NO papers. 72 3. NAME OF 4. DATE DECEASED OF within (Type or print) DEATH 1966 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF LINDER 24 HRS and WIDOWED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 11.5 A 9 13. FATHER'S NAME loval, 16. SOCIAL SECURITY NO. | 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: Acute Heart Failure days IMMEDIATE CAUSE (e) burial-transit After this certificate has been Coronary Occlusion, Acute 3 days Conditions, if eny, which gave rise to immediate cause (e), steting the underlying Rheumatic calcific aortic stenosis the the hospital or for use as t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? prior Diabetes, cirrhosis, diverticulosis NO A YES T 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 1B.) of Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While DIRECTOR: et work et work pe 21. I certify that (I) (this hospital) attended the deceased from May 1966, that (1) (last P Oct. 1 1966 Throm the causes and on the date stated above. saw the deceased alive on...., and that death occurred at! may 22b. DATE 22e. SIGNATURE HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S director, pbe filed v NAME (Type) C. Earl Hill Ft. Smallwood Rd., Pasadena, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 2DM S-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arudel after MARYLAND Marvland Anne Arudal b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Severna Park Severna Park .5 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8. IS RESIDENCE d. STREET ADDRESS completely filled ON A FARM? Route 1, Box 5, Jones Station Road Rt. 1, Box 5, Jones Station Rd. YES NO carbon 3. NAME DE DATE Middle Last Month Year DECEASED DEATH October 21 1966 (Type or print) ALBERT REYNOLDS KING and con 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days Male White Oct. 25, 1897 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be COUNTRY? Watchman Fertilizer Phant Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Alonzo J. King Ada Virginia Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Edith O. Morris, 1 Dunkirk Road Balto 21212 Yes been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **OR ATTENOING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. After this certificate has 35 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? CERTIFICATI YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part i or Part II of Item 18.) detached f 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from Qua 70 age 3 should M. from the causes and on the date stated above. saw the deceased alive on_ and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING W MED.
DIRECTOR STAFF PHYS. Page 4 may director, par should be fil 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Ray Smith Horn Building, Richie Hwy. Anne A. Co. BURIAL, CREMATION, REMOVAL (Soccify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Woodlawn, Balto Co. Md. Woodlawn Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** Halls Rd. Balto. Md. 363 VR AJ5 (4) 20M 1/65

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10	a_USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		THPLACE (Stote	or foreign c		12. CIT	IZEN OF W	HAT
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	3. FATHER'S NAME		٠	2	14. MOT	HER'S MAIDEN	NAME				
		tesche	EICK								
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? ((If yes give war or dotes of	of service) 16. St	OCIAL SECURITY NO.	17. INFORMAN		'/	Add	Iress	-	
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	IB. CAUSE OF DI	EATH (Enter only one cou TH WAS CAUSED BY:									AL BETWEEN
	PART I. DEA	IMMEDIATE CAUSE	(0)	ertensive a				ic		ONSET	AND DEATH
	Conditions, if ony	DUE DUE	10	cardio	vascula	r dise	ase				
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	PART II OTHER SI	GNIFICANT CONDITIONS C		DEATH BUT NOT RELATE	TO THE TERMIN	IAL DISEASE CO	NDITION GIV	FN IN PART 1(a)		19. W	AS AUTOPSY RFORMED?
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<<	AG TIME OF INJU	JRY Month, Doy, Year		URY OCCURRED 20	e. PLACE OF INJU	RY (Home, for	m, 20f.	(City or town)	(Cou	inty)	(State)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13804 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel after, Anne Arundel MARYLAND Maryland completely filled in by the fave carban papers. Pages y event, within 72 haurs afte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glen Burnie. Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS #109 First Ave.. North Arundel Hospital YES NO X n.n.A 3. NAME OF 4 DATE Lost First Month Doy Year DECEASED 1966 KUPPE OCTOBER (Type or print) FI TZ ARFTH MAGDELEN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years lost birthdoy) 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED remave Doys Months Hours in any WIDOWED DIVORCED 63 White May 18. 1903 Female and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) edse **INDUSTRY** COUNTRY? Shenandoak . Pennsy . Housework Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grosskettler Tda Beck Joseph 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service a signed by the attent burial-transit permi burial, crematian, a Mr. Adolph J. Kuppe (husband) Same As unknown no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse as the priar ta has been O HOSPITAL OR ATTENDING PHYSICIAN: The law lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work . 19___, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram (200) shauld 1966, and that death occurred at 2250 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN' 22d. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Brooklyn, RFD, Maryland October 13/66 Holy Cross Cemetery Buria 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Singleton Appress Home 24. EUNERAL DIRECTOR VR A15 (4) liances 66 20 M 1/66 DATE Glen Burnie, Md moleton.

MARYLAND STATE DEPARTMENT OF HEALTH

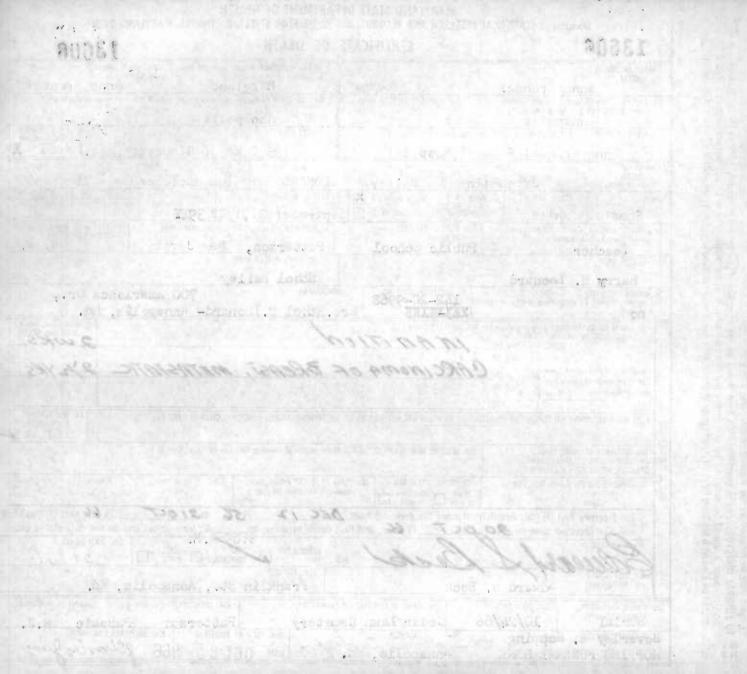
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13606 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after deoth puo ond completely filled in by the funeral remove carban papers. Pages 1 and in ony event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Anne Arundel General Hospital 195 Duke of Gloucester St. YES NO IX 3. NAME OF Last Year DECEASED (Type or print) Jacqueline LEONARD 1966 Bailev October DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED September 21,1927 39XX6 yrs Female White 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? INDUSTRY Teacher Public School New Jersey U. S. Patterson. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ethel Bailev Harra M. Leonard IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 700 Amerianca Dr.. (Yes, na, ar unknawn) (If yes give war ar dates af service) Mrs. Ethel B. Leonard- Annapolis. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL 8ETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) signed by ARCINOMA OF BREAST, METASTATIC Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause the hospitol or ottending this certificate hos been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Nat While at wark FUNERAL DIRECTOR: After Page 4 moy be retained by 21. I certify that (1) (this haspital) attended the deceased fram DEC 12 1956 to21007 19.66 that (1) (we) last saw the deceased alive an 30 OCT 1966, and that death accurred a M, fram causes and an the date stated above. 22b. DATE SIGNED DIRECTOR 22d. ADDRESS NAME (Type) Edward S. Beck Franklin St., Annapolis, Md. director, should b 23a. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) PEMOYAL (Specify) 10/24/66 Cedar Lawn Cemetery 25b. REGISTRAR'S SIGNATURE Patterson 9 Bever Develor. Hopping VR A15 (4) 1966 Annapolis. Md HOPPING FUNERAL HOME 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13603 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death ond the ottending physician and completely filled in by the funeral sit permit. Then please remove corban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Rural - Lansdowne Life Rural - Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO 3520 Annapolis Rd. 3520 Annapolis Rd. 3. NAME OF DECEASED Middle 4. DATE Month Year 19 66 M. LEPKA October HELEN 6 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys Hours White WIDOWED 3 April 28, 1908 DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Tavern Keeper

13. FATHER'S NAME Baltimore, Md.

14. MOTHER'S MAIDEN NAME U.S. Tavern Trautfelter Harry H. Berman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TS. WAS DECEASED EVER IN U.S. ARMED PONCES:
(Yes, no, or unknown) (If yes give wor or dotes of service)
215-24-5359 Walter H. Williams - 3608 Annapolis Rd. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line of (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse Page 4 moy be retained by the hospital or ottending os the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? for use YES -NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) oftended the deceased from 1965, and that deoth occurred of 18 M, fram causes and on the date stoted obove. saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED Oct. 7,1966 DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 2301 Annapolis Rd. Dr. Paul Schonfeld director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Oct. 8,1966 Holy Redeemer Cemetery Baltimore, Md.

ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE OCT 1 0 1966 Marley 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13502 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE ages l MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Glen Burnie 5 days Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i Rt. 2, Box 509 North Arundel General Hospital YES NO NAME OF Middle 4. DATE pau × Month Day Year DECEASED WALTER LINK October 15 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Doys Hours White WIDOWED DIVORCED May 15, 1889 Male 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? United Mine Worker Virginia H.S Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI signed by the attending phy burial-transit permit. Then burial, crematian, or removal James Madison unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) James Link 236-07-5800 (same) ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate couse (a). DUF TO stating the underlying couse of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES T NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Haur a.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram 10-10, 1966, to 10-15, 1966 that (I) (we) last saw the deceased olive an 10-14-1966, and that death occurred at 535 pm, fram causes and an the date stated above. , 1966, to 10-75, 1966 that (1) (ve) last be retained directar, page 3 sha shauld be filed with 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 10-15-6 DIRECTOR M.D. 22c. PHYSICIAN'S O HOSPITAL Page 4 may NAME (Type) 2 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Oct. 18.1966 Burial Ward Cemetery West Virginia 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR harley. 1966 VR A15 (4) 20 M 1/66 8 George J. Gonce-4001 Ritchie Hgwy. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 and 2 requires that the death certificate be executed within 24 haurs after death by the funeral .. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY ne Arundel a. Maryland b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 40 Yrs. Dorsev e. IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 2 Box - 358 (Dhio Ave.) Rt. 2 Box - 358(Ohio Ave.) YES NO X> 3. NAME OF Middle 4. DATE Month carban First Lost Doy Year DECEASED 31 1966 JAMES PHILIP LITTLE OCT. (Type or print) DEATH DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED attending physician and camp remit. Then please remave birthday) Haurs 26 March 1890 White Male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Gen Motors Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Little Unknown 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service) 0 Blanche S. Little -Same as # 2 216-09-8681 crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by burial-trans IMMEDIATE CAUSE (a) DUE TO burial, a Canditians, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached far use te Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram. , 1964, to 800 and that death accurred at 3 22 M, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 569 Main Elkridge, Maryland NAME (Type) Bruce B. Brumbaugh 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify) Howard Co. Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE Zion Cemetery No Va 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Singleton Fureral Home/Glen Burnie, Md. DATE NOV 2 Charlen 1966 20 M 1/66

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director, Page of Health, or your files. the State Board in pencil in Item 18. Give Pages 1, 2, and 3 to the ful hours after with Office along with form PM3 burial-transit permit. File pag burial, cremation, or removal, and in any ertificate, writing the word "pending" Medical Examiner's should be used as a EXAMINER: sase execute Certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to DEPUTY O P 0

MEDICAL

BURLAL

PLACE OF DEATH a. COUNTY Anne Arunde1 MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Glen Burnie	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Glen Burnie
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) North Arundel General Hospital	d. STREET ADDRESS WILLOWDALE ST FERNDALE IS RESIDENCE ON A FARM 442 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NAME OF First Middle DECEASED (Type or print) CHARLES XX R. M.	AAGERKURTH 4. DATE OF DEATH 10 14 1966
6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. Male White WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) 1-7-1903 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ELECTRICIAN BERT MACHINE CO. 3. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME
CHARLES R. MAGERKURTH	ANNA C. HUHN
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II Yes, no, or unkown) (Ifyesgivewarordatesofservice) NONE 220-14-0571 MRS. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unkown) (Iffyesgivewarordatesofservice) NONE 220-14-0571 MRS. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	Address GOLDIE M. MAGERKURTH, 442 WILLOWDALE STRE

Inhaled lawn mower's exhaust fumes 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
Home 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20f. (City or town) Not While Hour a.m. Anne Arundel at work X p.m.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Suicide X Homicide Undetermined manner death resulted from: Natural causes Accident

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

DEPUTY MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker NAME (Typa) Address (Streat, city, town, or county)

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)

WESTERN CEMETERY

ADDRESS 23. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

10-18-66

24a. REC'D BY REGISTRAR

DATE SIGNED

10/15/66

(State)

(Stata)

Md.

(County)

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY files. Health, director. Page b. COUNTY Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give neerest town) your rd of 1 Pasadena Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 0 Boar d. STREET ADDRESS retained he State North Arundel Hospital Main & Creek Rd. the 24 hours after death. If any control of the furth PM3. Page 5 may be retain. File pages 1 and 2 with the Stat 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH SANDRA LEE MALLE 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years last birthday) Female White WIDOWED DIVORCED 22 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, avan if retired) Housewife Maryland
14. MOTHER'S MAIDEN NAME pages | within 13. FATHER'S NAME Robert Ravel Maher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ! Address (Yes, no, or unkown) | (Ifyasgive werordetes of service) " in pencil in Item Office along with burial-transit perm None Frank Malle Jr. As Above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Pulmonary Embolism (b) Gunshot wound of abdomen Conditions, if eny, which geve rise to immediate ceuse writing the word "pending"s Chief Medical Examiner's Page 3 should be used as a DUE TO (e), stating the underlying PO causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of ilem 18.) PRIMARY & or CONTRIBUTING CAUSE OF DEATH. Apparently shot self 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Pasadena please execute certificate, v 4 should be forwarded to the O FUNERAL DIRECTOR: P, or its designated agent, prior it Noon ... 9/16 19 66 at work et work X Home 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 940 g

Anne Arundel Md. Inquiry and in my opinion Undetermined manner DATE SIGNED 10/5/66 22d. LOCATION (City, town, or country) (State) Burial 10/8/66 Louden Park Cemetery Baltimore 23. FUNERAL DIRECTOR REC'D BY REGISTRAR Raymond C. Fink Glen Burnie, Md. DATE

Anne Arundel

4

IF UNDER 1 YEAR

(County)

Months

. IS RESIDENCE ON A FARM?

YES NO

66

19

12. CITIZEN OF WHAT COUNTRY?

W. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? X NO

(State)

IF UNDER 24 HRS.

VS. A15ME 5M 9/60

Frank Malle Jr. P. 10/8/oq December 2016 Constitution of the C REAL OF THE STEEL STEEL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY ANNE ARUNDEL MARYTIAND Pages I urs after ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
FORT GEO G. MEADE c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours 1/2 Hour SEVERN = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #2, KIMBROUGH ARMY HOSPITAL Box 241-A YES X NO etely carbon NAME DE First Middle Last DATE Month Day Year DECEASED event, WILLIAM Mc CARTY 18 (Type or print) DEATH OCTOBER 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ emove 7. MARRIED NEVER MARRIED last birthday) Months | SEPT 17,1906 Days Hours any and MALE WHITE WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR sician lease r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? Alabama USA Retired Serviceman U. S. Army death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending it permit. Then Mc CARTY MINNIE WALLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address son 0 (Yes, no, or unkown) (If yes give war or dates of service) Yes 551368064 Mr. McCarty, Route #2Box 241-A, Severn, Md. NOT AVAIKABLE INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebro Vascular Accident IMMEDIATE CAUSE (a) burial-burial, DUE TO Years ASCUD Conditions, if any, which peen gave rise to Immediate the r DUF TO cause (a), stating the as th (c) Hypertensive Cardio Vascular Disease underlying cause last. Years CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or ASHD, D iabetes Mellitus YES X NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of item 18.) hed it. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by p.m. at work at work 21. I certify that (a) (this hospital) attended the deceased from 18 October saw the deceased alive on 18 Oct 66 to 18 Oct 66 that ((we) last DIRECTOR: age 3 should led with the and that death occurred at \$15M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED pe MED. DIRECTOR page ATTENDING STAFF PHYS. 18 Oct 66 M.D. PHYS. 4 may O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) CHARLES M. BLISS, CPT, MC KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION.I 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) BUTTOWAL (Specify) 10-21-66 Arlington National Cem. Arlington, Virginia 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) ARA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X NAME OF 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Hours WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND 12. CITIZEN OF WHAT COUNTRY dong during most of working life, even if retirad) LNGINEEK FATHER'S NAME INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata causa DUE TO (a), stating the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, street, offica bldg., atc.) Whila Not Whila Hour a.m. at work et work 21. I certify that (I) (this hospital) jattended the deceased from may and that death occurred and M. from the causes and on the date stated above. .19.Q. saw the deceased alive on-ATTENDING 22b. DATE 22a. SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION Ta 25b. REGISTRAR'S SIGNATURE AL DIRECTOR'S SIGNATUR ADDRESS 25a, REC'D BY REGISTRAR VR A15 (4) 15M 7-62 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 3514 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Prince Georges o COUNTY o. STATE delay is and 3 ta Maryland ANNE ARUNDEL af death. MARYLAND Department b. CITY OR TOWN (If autside prparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) haurs after Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm Give Pages 1, with the State [within 72 haur Kembraugh Army Hospital Box 108 NO S 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED OF Tina /Lena/ Marie MC NEAL 30 October 19 66 (Type or print) DEATH S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Female White WIDOWED DIVORCED 2-12-56 event 10o. USUAL OCCUPATION (Give kind of work done during most stayerking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY USA TRY? MACONMaGEORGIA yland in any the certiticate, writing the ward "pending" in pencil \(^4\) Should be farwarded to the Chief Medical Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Mc Neal Hazel Wyatt E and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. used as a burial-transit petition. burial, crematian, or remaval, (Yes, no, grupknown) (If yes give wor or dotes of service) dr. George MeNeal, Samd as #2 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebrocranial injuries IMMEDIATE CAUSE (o) _ certificate shauld please execute the certificate, writing the ward DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES IX NO 0 3 should be 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) agent, priar AL EXAMINER: Pedestrian struck by auto CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 6:10 nm Oct. 30 16 20e. PLACE OF INJURY (Home, farm, (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) highway While 5 may be retained far yaur 10 FUNERAL DIRECTOR: Page o.m. Oct. 30 166 of work Rte. 198 Fort Meade Road ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection | Inquiry | and in my opinion the funeral directar. death resulted from: Natural couses Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER October 31, 1966 ar **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) ARLINGTON, VIRGINIA REMOVAL (Specify) 3 Nov. 1966 ARLINGTON NATIONAL 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Harold S. Wade, 550 Wash. Blvd, Laurel, Maryland VR A15ME (5) DATE NOV 1966 6M 1/66

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FOR STATE HEALTH DEPT. TO DEPUTY

ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any v is necessary, please execut

certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuddirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MADVIAND STATE DEPARTMENT OF

	******	I PAIN SIMIE	EPARIMENT OF HEALTH	
Division of	STATISTICAL RESEA	RCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORI	E 1, MARYLAND
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d.	NAME OF HOSPI	TAL OR INSTITUTION	if not in hos	pital, give street add	fress)	d. STREET	ADDRESS	7016	Lowe St				ESIDENCE
	Crowns	ville State	e. Hosp	ital		Cro	wnsyi	177e /5't	ate Hos		/	YES T	A FARM?
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	ype or print)	NED				MEADOW	S	DEATH	10	1000	14	10	66
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11		EATH [Enter only one	cause par li	ine for (a), (b), and ((c).]							ERVAL BET	
6	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Drown	ing								DET AIRD I	MAIN
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E 2	Da. EXTERNAL CA		Ob. DESCRI	BE HOW INJURY OF	CCURED. (Er	nter nature of In	jury in Par	rt I or Pert II of	Itam 18.)				
	AUSE OF DEATH.		Dec	eased fou	ind in	water							
3 2	Oc. TIME OF INJU	RY Month, Dey, Yar		NJURY OCCURRED		CE OF INJURY (or town)	(Co	ounty)	-	(Stete)
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2	1. I certify th	at I took charge o	f the rem	ains described a	bove, hele	d an Autops	у Х,	Inspection	, Inqui	iry .	and	in my o	pinion
d	eath resulted f	rom: Natural ca	uses .	Accident	, Suicio	de , He	omicide	Un	determined i	manner [x		
		1011	1		- 19	CHIEF	MEDICAL	EXAMINER	1				
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	Burial	10/22/60	5	Mount Au	burn (Cemeter	v	Balti	more,	1	Marv	hand	
23. F	UNERAL DIRECTO	R		ADDRESS		3110 001			AR 24b. REG				
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-	13616 CERTIFICATI	E OF DEATH 13616
	PLACE OF DEATH a. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased livad, If institution, Residence before admiss e. STATE MARYLAND b. COUNTANNE ARUNDEL
	b. CITY OR TOWN (if outside corporata limits, write RURAC and of the hours of the limits)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLEN BURNIE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 425 S. RITCHIE HWY	d. STREET ADDRESS 1125 NOTTINGHAM DRIVE ON A FAIL YES NO
3.	NAME OF DECEASED (Type or print) BRENTON H. MEANS JR	Last 4. DATE Month Day Year OF DEATH OCTOBER 10 19 66
	SEX MARIED WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 4 MARCH 1914 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mi
do	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if relived) MICHINIST FATHER'S NAME	TRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTY TYLER (COUNTY YES
	BRENTON H. MEANS SRIDE	7)
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 232-05-7940 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Wife: Mrs Shinley Means - Same address
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)ACUTE CORONA	RY THROMBOSIS SUDDEN ONE T AND DEATH
	Conditions, if any, which aparties to immediate cause Conditions	EROSIS YRS
	(c) (c)	ND HYPERCHOLESTEROLEMIA \$ yrs
CERTIFICATION	NONE ***ASSI	MOTIFIED
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURE NO NE	RED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL		ACE OF INJURY (Home, farm, ctory, street office bldg., atc.) (City or town) (County) (State
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 0 0 t 1966, and that	3 June 1960 to present, 19, that (I) (we)
	220. SIGNATURE HF. Namuch,	ATTENDING MED. STAFF SIG
1	22c. PHYSICIAN'S H.F. MANUZAK	22d. Appress S. Ritchie Hwy, Glen Burnie, Maryland.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 10/13/66 Lakeview Me	cor CREMATORY 23d. LOCATION (City, town or county) (State) emorial Park Carroll County, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

237-05-7945 MAYGMAD EMERI TEODRICH T. VANUUMOS ISTOOR . anna del desarros ners .bd , cros & liottoc are Lielton W maivedel - coxettor _ lating Maymond C. wink - Clen Burnie, Md.

.1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	13617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13617	
	1. PLACE OF DEATH o. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before or o. STATE b. COUNTY A P CO	dmission)
	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	wn)
4		S RESIDENCE ON A FARM?
	3. NAME OF First Middle Lost 4. DATE Month Day	NO Year
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	M. WIDOWED DIVORCED VO. 23. 15 Oyrs. Months Ooys H	Hours Min.
d	during most of working life, even if retired) Machinist INDUSTRY Western Electric Baltimore Md. USA	HAI
	13. FATHER'S NAME John Milleker Katherine Hess	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service)	
-	ALBERT TO THE STATE OF THE STAT	AL BETWEEN AND DEATH
	4500 OUE TO	lew
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO	
	lost. (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WA PER YES	S AUTOPSY REGRMED?
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MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w	(Stote)
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	ACTUAL CHIEF MEDICAL EXAMINER 22	DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER	66.
2	230. BURIAL, (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
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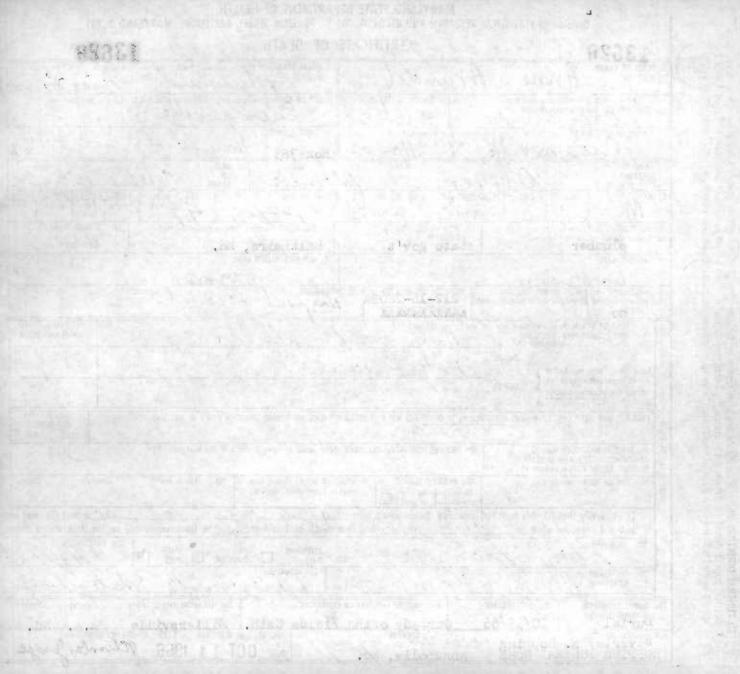
n/s		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
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17	3.	NAME OF DECEASED AND First Middle Last 4. DATE	Month Dey Year
		(Typa or print) I S real) A CAB Millo - DEATH	October 7 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		MIGHE WIDOWED DIVORCED UUG. 9, 1889 7	yrs. Months Deys Hours Min.
	do_do	e. USUAL OCCUPATION (Give kind of work pone during most of working life, aven if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY
4	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	ty my USA
		7. 50:11	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	(10	es, no, or unkown) (Ifyesgive weror detes of service) 231-18-9599 M	Of Jeans mo
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSEL AND DEATH
		PART I. DEATH WAS CAUSED BY: COTONARY Occlusion	Day
		4201, DUE TO	to livered
		Conditions, if eny, which gave rise to immediate cause DUE TO	neon several day,
		(c), stelling the underlying Such typetheusevi Cardio Vascular alex	lease Mutuous
١	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	CERTIFICATION		PERFORMED?
	ERTIFI	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	f item 1B.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or	1000
	MEDICAL	Hour a.m. While Not While fectory, street, office bldg., etc.)	town) (County) (State)
ı	2		10-7- 10/ Gabra (1) (wa) to
l		saw the deceased alive on 10-1-1966, and that death occurred ab. 8.4M, from the	e causes and on the date stated above
		220, SIGNATURE	22b. DATE
		techand H. Freu M.D. PHYS. DIRECTOR DIF	STAFF DHYS. 10-8-66 SIGN
1		122c. PHYSICIAN'S NAME (Type) Pichalled H HUNT 22d. ADDRESS	Mon Ren Wid
١	23-	BLIRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	DN (City, town or county) (State)
١	1	perioval (Specify)	man man med
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS (258. REC'D BY REGISTRAR	2 25b. REGISTRAR'S SIGNATURE
	1	De Witt Danaedon Laurel Ind DATE OCT 13	1966 Policyle O.
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MARYLAND STATE DEPARTMENT OF HEALTH



Baltimore

George J. Gonce-4001 Ritchie Hgwy...

e. IS RESIDENCE ON A FARM?

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Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

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(County)

22b. DATE SIGNED

Oct. 7. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13623 CERTIFICATE OF DEATH **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) attending physician and completely filled in by the funeral permit. Then please remove carban papers. Pages 1 and ian, or remaval, and any event, within 72 haurs after deat PLACE OF DEATH o. STATE Maryland b. COUNTY o. COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1h write RURAL and give nearest town) Baltimore llmos.16das. Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)

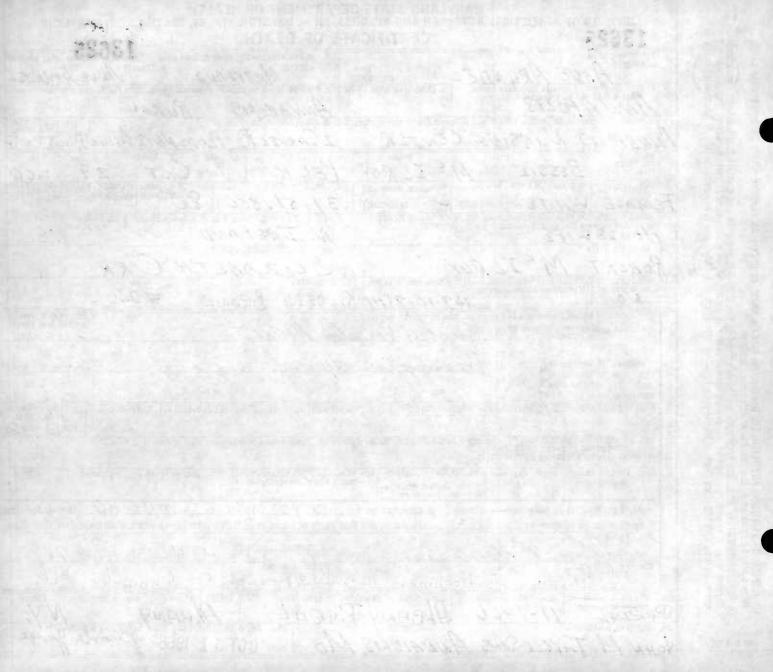
Crownsville State Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 310 Magee Street YES NO X 4. DATE Lost Month Doy 3. NAME OF Year 10/ 1066 DECEASED 11 Otto (Type or print) #30420 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove 72 birthdoy) Months Dovs Hours m1/29/1894 White DIVORCED Male WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? USA Loup during most of working life, even if retired) INDUSTRY Pennsylvania Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME AROLINE STUMPE 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records Unknown Unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH -transit Bronchopneumonia signed by burial-trans IMMEDIATE CAUSE (o). DUE TO Generalized Arteriosclerosis Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Chronic Brain Sydrome: Cor Pulmonale; Chronic Alcoholism YES [NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m Not While directar, page 3 shauld be should be filed with the Sta 21. I certify that (I) (this haspital) attended the deceased from 9/27/, 1965, ta 10/11/, 1966, that (I) (we) last saw the deceased alive an 10/11/, 1966, and the death accurred at 5:10 M, from causes and an the date stated above. 1965 ta 10/11/ 19 66, that (I) (we) last 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 10/11/66 A DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Benedict, M.D Crownsville State Hospital, Md. NAME (Type) (County) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) WILLIAM GROVE 10/18/66 REGISTRAR'S SIGNATURA 2So. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OCT BALTO, MD, 21229 OWARD

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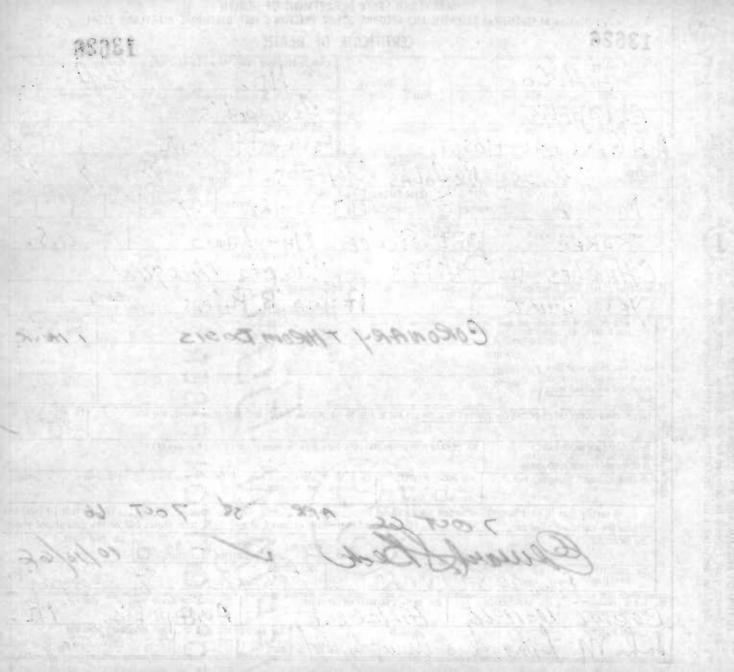
MARYLAND STATE DEPARTMENT OF HEALTH. Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13624 requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral ion please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITX OR TOWN (If outside corporate limits, c. CITY OB_TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL ond give negrest town) e. IS RESIDENCE ON A FARM? d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO YES NAME OF First Middle 4. DATE Doy Year DECEASED OF DEATH 1966 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b.. KIND OF BUSINESS OR 12. CITIZEN OF WHAJ COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME **INFORMANT** Address #2 (Yes, no prunknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been attending as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 1966, to 10-10, 1966 that (1) (we) last 21. I certify that (1) (this hospital) ottended the deceosed from 19/16, and that death occurred at 1/5 PM, from causes and on the date stated obave. sow the deceased olive on 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d., LOCATION (City or Town) (Stote) REMOVAL (Specify) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Tort

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e de	# + #		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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PHYSICIAN:	this ce etache Dept.			ounty) (State)
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ATTENDING	A: Aff		21. I certify that (I) (this hospital) attended the deceased from 3/3, 1964, to 10/29, 194	66 , that (i) (we) las
ATTE	sho vith t		saw the deceased alive on 10/20 19/6, and that death occurred at 3146 AM, from the causes and on 22a. SIGNATURE 22b.	the date stated above
83	DIRE Bge 3		Cichard of Harburge M.O. PHYS. DIRECTOR	129/66
O HOSPITAL	Fage 4 may be retailed by the hospital of attending physicans of FUNERAL DIRECTOR . After this certificate has been signed be director, page 3 should be detached for use as the burial-tran should be filed with the State Dept. of Health prior to burial, ore		22c. PHYSICIAN'S NAME (Type) Richard I. Hochman M. 59 Franklen T. Annapole	is hed
OH O	direct should should	232	ia. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or c	county) (State)
184	-	24	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. (REGISTRA	R'S SIGNATURE
	A15 (4) M 4-64	Vo	OHN M. TAYLOR SONS ANNAPOLIS MD DATE OCT 31 1966 July	wes judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13626 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. campletely filled in by the funeral lave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give neadest *gwn d. NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 YES NO NAME OF Middle DATE First Lost Year. DECEASED OF (Type or print DEATH 196 S. SEX 9. AGE (In years IF UNDER IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ast pirthday) Months Haurs Dovs WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR State, ar fareian country) 12. CITIZEN OF WHAT during mosto working life, even if retired) COUNTRY? 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address # 0 (Yes, no, or unknown) (If yes give war or dates of service) crematian, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly ane cause per burial-transit PART I. DEATH WAS CAUSED BY: signed by 1 DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a), DUF TO as the stoting the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been prior ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached t shauld be filed with the State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While at wark , 1954 , ta 21. I certify that (1) (this haspital) attended the deceased fram_ 1966 that (I) (we) last 3 should sow the deceased alive on 19 and that death occurred at M, from couses and on the date stoted above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23o. BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 20 2Sb. REGISTRAR'S SIGNATURE FUNDRAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 956 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13627 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funera's 1. PLACE OF DEATH deat a. COUNTY MARYLAND ve carbon papers. Pages 1 event, within 72 hours after completely filled in by the tove carbon papers. Pages c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH DF STAY IN 1b RURAL and give nearest tawn) Burnie e. IS RESIDENCI d. STREET ADDRESS OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) ON A FARM YES Middle DATE Year 3. NAME OF First DECEASED DEATH (Type or print) IF UNDER 1 YEAR AGE (In years last birthday) IF UNDER 24 HRS S. SEX 6. CDLDR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Haurs du WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind af wark dane during most of working life, even if, retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: VO6arc IMMEDIATE CAUSE (a) signed by physician. DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying cause os the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use ND 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH jo detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Haur a.m. Not While While at wark L 21. I certify that (1) (this hospital) attended the deceased fram 66, and that death accurred at M, from causes and an the date stated above. saw the deceased glive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 1966 PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 406ATIÓN (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 6 2So. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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3. NAME OF DECEASED	First	Middle	Last 4.	DATE Month OF	Dey Year
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15. WAS DECEA	SED EVER IN U.S. ARMED FORCES? (If yes give war or detes of service)	16. SOCIAL SECURITY NO. 17. INF	ORMANT	Address	
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	E OF DEATH [Enter only one cause I. DEATH WAS CAUSED BY:	a bonisso /	to boot	- disease	ONSET AND DE
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22a. SIGN	ATURE,	1	ATTENDING MED.	STAFF	22b.
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	REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City, town or co	unty) (Ste
Burial	10-27-66	Mt. Auburn	В	altimore, Maryl	and
111	RECTOR'S SIGNATURE	ADDRESS	125- DECID B	Y REGISTRAR 256. REGISTRAR	S SIGNATURE
24 FUNERAL DI	Les Car	ADDRESS	238, REC D 8		les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Pages 1 Irs after Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Belvedere Beach
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Belvedere Beach .= filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Alameda Parkway 335 Alameda Parkway YES NO completely 3. NAME DE Middle Last DATE Month Day Year DECEASED S. Maude Powell 23 1966 (Type or print) DEATH October SEX 6. COLOR OR RACE 8. DATE OF BIRTH remove 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIED in any Femal e Whi te WIDOWED 24. 1878 DIVORCED Dec. attending physician a ermit. Then please re on, or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Virginia Homemaker PHYSICIAN: The law requires that the death certificate. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Shackelford Mary Catherine Wallace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITYNO. 17. INFORMANT Address First National (Yes, no, or unkown) (If yes give war or dates of service) Mr. Frederick J. Singley, Jr. Bank Building CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? YES NO T 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of H MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While D HOSPITAL OR ATTENDING Page 4 may be retained by at work at work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the 66 and that death occurred at 20 h M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page . ATTENDING MED. DIRECTOR M.D. FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 231. DATE THEREOF 23d. (State) REMOVAL (Specify) /26/1966 Greenmount Cemetery Baltimore Maryland **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR 25b. VR AIS DATE 20M 1/65

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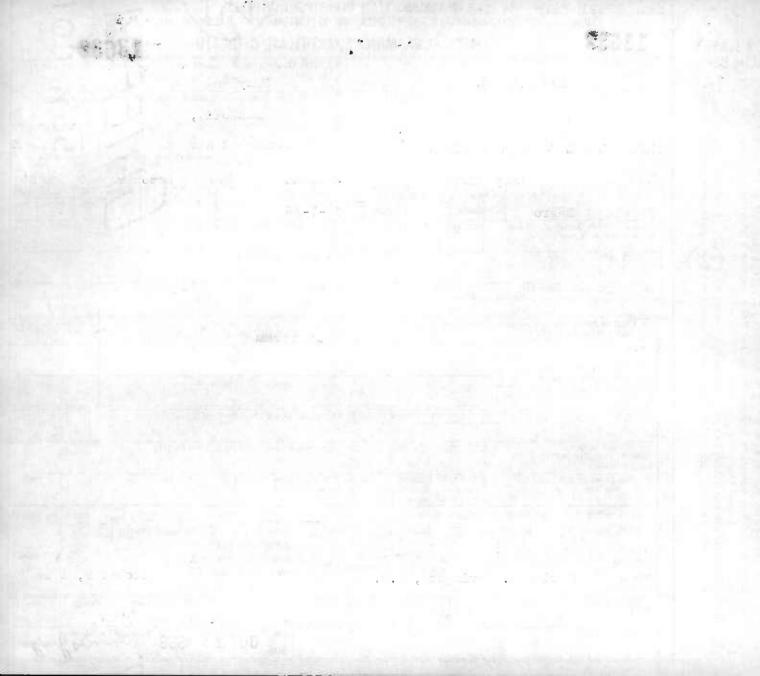
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ie	fille	2		Arundel Ger		lospital Middle		Rt	3, Box			YES NO
ed with	and campletely filled in by remove carban papers. Progression of any event, within 72 hour	3	NAME OF DECEASED (Type or print)	HERBE		(None)	QUEEN	4. DATE OF DEATH	October		Doy Year 16 19 66 AR 1 IF UNDER 24 HRS.
xecute	d camp move ny eve	S.	ale	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [0ct. 29, 18		AGE (In years lost birthdoy) 66 yrs.	Months Da	
be e	n and se rem d in an	10o dur	USUAL OCCUPATION	(Give kind af wark dane life, even if retired)	10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County		gn cauntry)	12. CITIZEN COUNT	N OF WHAT RY?
cate	physician en please yal, and i	-	FAJHER'S NAME	Her.				Mary 1		/ 1	50	U.S.
certif	The hy		Delle	is and	ce	N		Um	la	Ho	ll	C
death	physician. signed by the attending burial-transit permit. The burial, crematian, or rem	1S. (Ye	110	R IN U.S. ARMED FORCES? (If yes give wor ar dates o		SOCIAL SECURITY NO.	17	NFORMANT ODAC +	1,00	Addres	Man	ntrills
at the	physician. signed by the attend burial-transit permit burial, crematian, or		IB. CAUSE OF DE PART I. DEAT	ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	use per line far	(o), (b), ond (c).)	-è	deart	fa	long		ONSET AND DEATH
es th	sician ed by al-tra al, cre		Canditians, if ony,	DUE	то	2	M		7			
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 shauld be detached far use as the burial-transit permi shauld be filed with the State Dept. of Health priar to burial, crematian, of		rise to immediate stating the under last.	e cause (a),	(b) 10 (c) \tag{c}	ento co	7-	2000-	The	-l-m	2	
The la	he haspital or attending this certificate has been letached far use as the 9 Dept. of Health priar to	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C		TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COI	NDITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
SICIAN	spital o ertificat ed far t. of Hec	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Port	I of item 1B.)		
IG PHY	by the haspil After this certi be detached State Dept. of	MEDICAL	Hour a.m p.m	n. 19	While of wor	Nat While of work	focto	E OF INJURY (Hame, forn ory, street, office bldg., etc.		(City ar tawn)	(Caunty	
N N	ed by Afte Id be ne Sto		21. I certif	fy that (1) (Nhisothe)	wited)Katten	ded the deceased fro	mm	doub occurred at	19, ta	Oct. 16	, 19 60	that (I) (wellas date stated abave
A FE	CTOR: A shauld with the		22o. SIGNATURE	eceasea alive ali_	1	() () () () () ()	u mui	ATTENDING	7:50 PI	STAFF	22b. DATE S	
	be r DIRE ge 3 iled w		22¢ DHYSICIAN'S	den.	Inn	N , //	M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.		
PITA	may ERAL I', pa	A	22c. PHYSICIAN'S NAME (Type)			-/-						
O HOSPITAL	Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be c shauld be filed with the State	230	BURIAL, CREMATIO	ON, 23b. DATE TH	9-66	23c NAME OF CEMETER	PY OR O	Memory	23d. LOC	MION (City or Taw	ille	unty) (State)
	VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTO	am Ra	eset	+ ADDRESS	7.0	DATE 250. REG	BY REGISTRA	1966 REC	GISTRAR'S SIGNA	ATURE 20 Judge
	OK De	4		7 1			4-6-4	/				- (

The state of the second and tomm a man CLASSING TO THE TAXABLE SOO. 8 - 1200 - 1200 the country of the co

1 (M)	Division of STATISTICAL RESEARCH AND RECORDS, 301	ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	13631 MEDICAL EXAMINER'S C		
detay is and 3 to triment of the death.	1. PLACE OF DEATH . o. COUNTY Anne Arunde1 MARYLAND		e Arundel
f any delay 1, 2, and 3 rm PM3. Pa Department rs after deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	62-1
es 1, 2 farm farm te Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) North Arundel Hospital	d. STREET ADDRESS 293 A Solly Road	e. IS RESIDENCE ON A FARM? YES NO
within 24 haurs after death. If any delay is pencil in Item 18. Give Pages 1, 2, and 3 to commer's Office along with farm PM3. Page Ite pages land 2 with the State Department of the in any event within 72 hours after death.	3. NAME OF First Middle DECEASED (Type or print) HENRY B	RACHELS 4. DATE Month OF DEATH October	Doy Year 25 19 66
urs afte 1 18. G ce alan 12 with int with	Male White WIDOWED DIVORCED Au	Date of Birth 9. AGE (In yeors lost birthdoy) 7 yrs. IFUNDER 1	Doys Hours Min.
24 haurs in Item 18 ir's Office es 1 and 2 v	10b. KIND OF BUSINESS OR during most of working life, even if retired) Student.	Laurinburg, N. C.	IZEN OF WHAT UNTRY? USA
within 24 n pencil in fixaniner's recommer's rife pages and in any	Thomas B. Rachels	14. MOTHER'S MAIDEN NAME Ethel Lambert	
executed nating" in Medica E	(Yes, no, or unknown) (If yes give wor or dotes of service)	Father - same as 2	
ote shauld be of the ward "per data the Chief a burial-transit cremation, ar re	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: NameDiate Cause (o) Multiple injuri	es	INTERVAL BETWEEN ONSET AND DEATH
This certificate, writing the forwar be used to buria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
AMINER: the certifi the certi	PRIMARY A or CONTRIBUTING Pedestrian stru 20c. TIME OF INJURY Month Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f. (City or town) (Courty, street, office bldg., etc.)	
no DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age	deoth resulted from: Noturol couses , Accident , Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	de, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER	22. DATE SIGNED 10/26/66
10 DI nece the 5 mc	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 29 Oct. 66 McGirt Family 24. FUNERAL DIRECTOR ADDRESS		
VR A15ME (5) 6M 1/66	Kirkley Funeral Home, Glen Burnie, Md.	DATE OCT 3 1 1966 Police	

matatal site profits a representation water to be set up to take to blay I more a line was a fit of the second will be a fi

1 1	Items 18&21 Film 384 1-3-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR STATE	13633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1363	9
HEALTH DELT.	1. PLACE OF DEATH o. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Maryland b. COUNTY	Arondel
h. If any delay is ges 1, 2, and 3 ta farm PM3. Page ate Department of haurs after death	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give no sive notice RURAL ond give no sive notice). C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ond give no Annapolis, write RURAL ond give no Annapolis, and Company of the RURAL ond give no Annapolis, and Company of the RURAL ond give no Annapolis, and Company of the RURAL ond give no Annapolis, and Company of the RURAL ond give no Annapolis, and Company of the RURAL ond give no Annapolis.	02.1
	d. NAME OF HOSPITAL OR INSTITUTION/(if not in hospitol, give street oddress) ANNE ARUNDEL GENERAL HOSPITAL d. STREET ADDRESS 83 Northwest Street	e. IS RESIDENCE ON A FARM? YES NO
after death. I after death. I solve Pages alang with far with the State within 72 hau	3. NAME OF First Middle Lost 4. DATE Month OF OF DECEASED (Type or print) Baby Girl RANDALL DEATH October	Doy Year 7 19 66
W CO	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months D DIVORCED 10-7-66	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) INDUSTRY	EN OF WHAT ITRY?
within 24 pencil in xaminer's ile pages	13. FATHER'S NAME	
man for the formal for the formal for the formal fo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ficate shauld be ing the ward "pe ded to the Chief as a burial-transit, cremation, ar r	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) Atelectasis neonatorum DUE TO (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
his certifical attention of the property of th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES X NO
INER: This is certificate, shauld be fulles. 3 shauld be int, prior to	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 201. TIME OF INJURY Month, Doy, Yeor Hour o.m. 202. TIME OF INJURY Month, Doy, Yeor While Not While County foctory, street, office bldg., etc.)	
EXAMINER EXAMINER (ute the cer age 4 shaul yaur files. Page 3 shai	p.m. 19 of work C	y) (Stote)
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral directar. Page 4 shauld be for 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be Health or its designated agent, priar to		ond in my opinion 22. DATE SIGNED 9, 1966
TO DE nece the f S mc TO FU Health	REMOVATISPECTY) 10.25.66 V. Dlud. Med Solval Bellinore, Mid	ounty) (Stote)
VR A15ME (5) (C)	24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR 5 SIGN DATE DATE 250. RECD BY REGISTRAR 25b. REGISTRAR 5 SIGN DATE	les Judge



6.00.00	. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A CONTRACTOR OF THE PARTY OF TH	E =0	13633 CERTIFICATE OF DEATH 13633
	death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	0 0	ANNE ARUNDEL COUNTY MARYLAND MARYTAND ANNE ARUNDET.
	in by the S. Pages hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 hours filled in by apers. Pal n 72 hours	GLEN BURNIE 2 HOURS RIVIERA BEACH
	ed ers 72 l	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
		NORTH ARUNDEL HOSPITAL 232 ASBURY ROAD YES NO G
	executed within and completely remove carbon promits any event, with	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED
	d w car ent,	(Type or print) TOSEDH CORDON ROHR DEATH OCTOBER 28 19 66
	col col	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
	and any any	MALE WHITE WIDOWED DIVORCED JULY 6.1910 56 yrs. Wolfdis Days Hours Will.
	e e e in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	te by sici	COST ACCOUNTANT SCHENUIT RUBBER CO BALTIMORE, MARYLAND U.S.A.
	a pp	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	iding pl	CHARLES L. JONES
	cel r. re	1 15. WAS DECEASED EVER IN IL S & DMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17 INFORMANT
	The law requires that the death certificate be or attending physician. sate has been signed by the attending physician r use as the burial-transit permit. Their please saith prior to burial, cremation, or removar, and in	
	de de tion	NO 216-01-0727 MRS EUNICE ROHR PASADENA, MARYIAND 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
	hat the deal cian. ed by the at transit pern- tremation,	PART I, DEATH WAS CAUSED BY:
	ultes that the physician. It is signed by burial-transition burial, creminal transitions.	IMMEDIATE CAUSE (a) COUNTY / KNOWN OFF
	s the	DUE TO
	o pr	Conditions, If any, which gave rise to immediate (b)
	required in the plant of the pl	cause (a), stating the DUE TO
	law requires that tending physician has been signed that as the burial-tran prior to burial, cre	underlying cause last. (c)
	te rate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	_ = = = =	Hyperlensive Cardio Vascular Lugeage YES NO D
	A troo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYSICIA ne hospi this cert stached Dept. of	
	the horthis detach	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work at work at work 19 at
		While not While at work at work
		21. I certify that (I) (this hospital) attended the deceased from JULY 1 1966, to 10178, 1966, that (I) (we) last
	OR ATTENDII be retained IRECTOR: A: ge 3 should sed with the S	saw the deceased alive on 10/20 1946, and that death occurred at M, from the causes and on the date stated above.
	M(4) >>	22a. SIGNATURE
		M.D. ATTENDING MED. STAFF 10/28/66
	may MAL C	22c. PHYSICIAN'S NAME (Type) 1. Be Con Smith 22d. ADDRESS
	HOSPITAL age 4 may FUNERAL rector, pa	RIVIER BEACH, MD
	FOR HOSPITAL Page 4 may for FUNERAL director, page should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIAL OUT 31,1966 NEW CATHEDRAL OLD FREDERICK RD, BALTO, MD
	0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4)	Chique of Gonce 4001 RITCHIE HOWY, BALTO, MD DATE NOV 1 1866 Melanles Que
	20M 1/65	

as a serior of the serior of t of the state ASSETT ACRONING AND AND AND ASSETT STREET, NAME OF ASSETT ASSETT 232 13/82/10 RIFIERD BEACH IND DAKEY SMITH THE PARTY OF THE P with the control of the state o

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13634 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and the attending physician and completely filled in by the funeral sit permits. Then please remove corbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 10 Mons. Annapolis Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Annapolis Nursing Home #207 Greenway, N/W YES NO 3. NAME OF Middle 4 DATE First Last Manth DECEASED Alberta Rumney DEATHOCTOBER 23 19 66 Loretta (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Dovs Hours Feb12, 1885 female WIDOWED DIVORCED cauc. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWORK (Ret. COUNTRY? Own Home Cedar Pt., St. Mary's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME L. Nota Readmond Helen Steuart Walsh 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as (Yes, no, ar unknown) (If yes give war or dotes of service) 214-48-1441 Mrs. Anna Mae Reese (daughter) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) syned by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO Anemia Conditions, if ony, which gave l vear rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 moy be retained by the hospital or attending os the prior to TO FUNERAL DIRECTOR: After this certificate has been (c) Leukemia, chronic lymphocytic vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? detached for use Aortic insufficiency, arteriosclerosis, hypertension YES NO XX 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram March , 19 66, ta Oct 23 , 166, that (1) (we) last saw the deceased alive an October 14966, and that death accurred at 3:10M, fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS. October 23.66 22d. ADDRESS South River Medical Center 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. Edgewater, Maryland (21037 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Oct. 25, 1966 New Cathedral Cemetery
ADDRESS 250. RECOR etery | Aaltimore, Maryland
250. RECO BY REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR Ocharles 1966 DATE OCT 25 Richard V. Sinoleton Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13635 13635 CERTIFICATE OF DEATH ter death.

70000				2000
1. PLACE OF DEATH		CTATE	nere deceased lived, if institution: R	
a. COUNTY Anne Arundel	MARYLAND	a. STATE Maryl	and b. COUNTY	Anne Arundel
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auts	ide carparate limits, write RURAL a	nd give nearest tawn)
write RURAL and give nearest tawn) Annapolis	5 days	RURAL	- Annapolis Ca	EXXXXXXXXXXXX
d. NAME OF HOSPITAL OR INSTITUTION (If nat in ha		d. STREET ADDRESS		e. IS RESIDENCE
Anne Arundel General Ho	spital	Rt-4,	Box-326B	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle		4. DATE Manth	Day Year
(Type or print)	Marierel	HALLINGER	DEATH OCCODE	6 1966
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	last hirthday) Mai	INDER 1 YEAR IF UNDER 24 HRS.
Female White WID	OWED X DIVORCED	Nov. 9, 1900	65 yrs.	
10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher (Ret		Baltimore	Maryland	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
August F. Wagener		Anna M	. Danker	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT		4 Box 185
(Yes, na, ar unknawn) (If yes give war ar dates af service	214-40-5571 M	ir August H	. Wagener Cape	St. Claire.M
18. CAUSE OF DEATH (Enter anly one cause per		· · · · · · · · · · · · · · · · · · ·	· maderial and	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	J Neun way			SINSE (AND DEATH
IMMEDIATE CAUSE (a)	0 1			
Canditions if any which agus)	Coreline hu	ementary!		/ horel
rise ta immediate cause (a), DUE TO				
stating the underlying cause (c)		V		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING TO DEATH BUT NOT PELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JIMO TO DEATH DOT NOT REDATED TO	THE TERMINAL DISEASE COND	THOIR OTTER IN TAKE I(u)	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING OR EITHER MOTIFE DAMAGE OF DEATH OR EITHER MOTIFE DAMAGE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Da	ert Lar Dart II of item 10 \	YES NO XX
	ZUB. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in Pa	iri i ar Pari ii ar iiem 18.)	
(II CITHER, NOTIFT MEDICAL EXAMINER)			Loof to:	(6)
20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
p.m. 19	at wark at wark	1. /		
21. I certify that (1) (this classical)	attended the deceased from_		, ta Oct. 6,	
	t. 6, 19 <u>66</u> , and tha			on the date stoted above
22a. SIGNATURE		D. PHYS.	NED. STAFF	2b. DATE SIGNED
The DIVINISHING	m.	D. PHYS. D 22d. ADDRESS	IRECTOR L PHYS. L	10/2/16.
22c. PHYSICIAN'S NAME (Type) Gerard Chur	ch. M.D.	121 Cathed	iral St., Annapo	lis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
REMOVAL (Specify) Burial Oct.10.19	66 Lorraine Pa	ark Cemetery	Baltimore, M	aryland
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
Dishard V Cincleto	n Glen Burnis	Md. DATE	OCT 10 1966 (Climbs Andre

VR A15 (4) 20 M 1/66

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond director name 3 should be detoched for use as the buriol-transit permit. Then please rem director, page 3 should be detoched for use as the burial-transit permit. Then please should be filed with the State Dept. of Health priar to burial, cremation, or removal, and

Poge 4 moy be retoined by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Pages ond

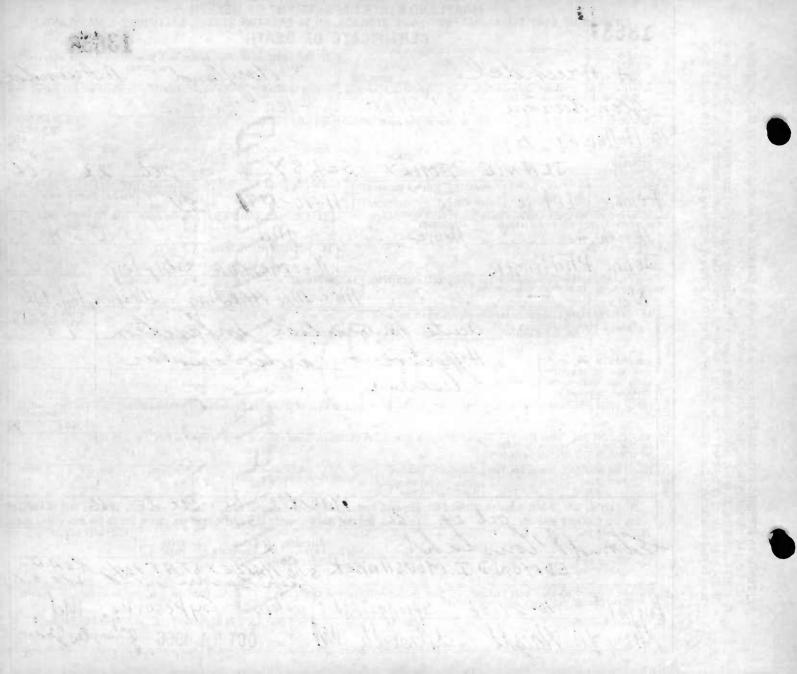
and completely filled in by the funeral removes grand papers. Pages 1 and

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	wee	,,°	In lyan	Larry Lebanth onth
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	50	100.9,100	There is Q' may	Foreign Wille
	EdikLevis		V-W-SERVE	(crit recount found
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 13636 requires that the death certificate be executed within 24 haurs after death funeral 1 and feat, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY ety filled in by the fun-gon papers. Pages 1 Aithin 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Hos YES NO N NAME OF Middle DATE Last Year Doy DECEASED OF DEATH (Type or print) 1966 obe SEX IF UNDER LYEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours remay 1891 and in any DIVORCED WIDOWED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life even it retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Knows 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. #202 Third (Yes, no, orunknown) (If yes give wor or dates of service) 220 -18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) nse ta immediate cause (a), DUE TO stating the underlying cause priar ta has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO YES O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice blda., etc.) Nat While O HOSPITAL OR ATTENDING ot wark at wark 21. I certify that (1) (this hospital) ottended the deceased from... 19 66 to 200 4, 1966, that (1) (we) lost O.M. fram causes and an the date stoted abave and that death occurred at saw the deceased alive on, 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING directar, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A204 (en Burnie 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Brooki 1966 FUNERAL DIRECTOR 25. REC'D BY REGISTRAR 2Sb. 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13638 CERTIFICATE OF DEATH 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) completely filled in by the funeral love corbon gopers. Pages Land o. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Tracys Landing -RURAL
d. STREET ADDRESS Annapolis 9 days:

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 9 daykife bon popers. within 72 ho e. IS RESIDENCE ON A FARM? YES NO Anne Arundel General Hospital executed within 3. NAME OF Middle 4 DATE Month Year ottending physicion and completely facermit. Then please remove corban Lost Doy DECEASED (Type or print) 19 66 SHERBERT William Moulden DEATH IF UNDER 1 YEAR 9. AGE (In years I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Manths Days Haurs WIDOWED DIVORCED 8-13-87 Male White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) 11. BIRTHPLACE (County & Stote, ar fareign cauntry) pe INDUSTRY COUNTRY? requires that the death certificate II S Farming Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Sherbert Annie Crosby IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dotes of service) 36. SOCIAL SECURITY NO. 17. INFORMANT 31st. 6144 St., N.W. Б 347/Mrs. Naomi Ruppert Washington, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit p burial, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (o) DUE TO innes Clare lenkman Canditians, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been os the prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Nat While of wark ot wark 21. 1 certify that (1) (this haspital) attended the deceased fram 9-30 , 1966 , to Oct. 9 M, fram causes and an the date stated abave. 19 **66**that (I) (we) last 19 66, and that death accurred at saw the deceased alive an_ 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lothian, Maryland Emily Wilson, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12,1966 Friendship Chr. Cemetery Friendship, A.A.Co. Md. Bunial REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR harles VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. counThne a. COUNTY Maryland Pages 1 urs after Arundel by the Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Page event, within 72 hours Arnold = Glen Aurnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Rt/ 1 B0x - 96 B. North Arundel Hospital YES NO completely executed within 3. NAME OF First Middle Last 4. DATE Month Dav Year DECEASED 10 66 nct. (Type or print) SHERWOOD DEATH 19 JAMES SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 6. COLOR OR RACE 8. етоме 7. MARRIED X NEVER MARRIED and 1904 62 DIVORCED Sept. WIDOWED Male White lease re 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ian during most of working life, even if retired) COUNTRY? physici U.S.A. N/C II.S. Armv 0 removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then death certif Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten it permit. Heady Funeral Home, Louisville, Ky cremation, 409-30-0953 Arch 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] INTERVAL BETWEEN n signed by t burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) R: After this certificate has been ould be detached for use as the but the State Dept, of Health prior to bit gave rise to immediate DUE TO cause (a), stating underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO T YES T 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 194 that (I) (we) last TO FUNERAL DIRECTOR: 3 should with the and that death occurred at 6.55 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING wellen M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. **ADDRESS** 22c. NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. REMOVAL (Specify) Johnson City, Tenn Montevista Cemeterv .1966 Aurial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR Singleton Funeral Home/Glen Burnie, Md. VR A15 (4) 20M 1/65

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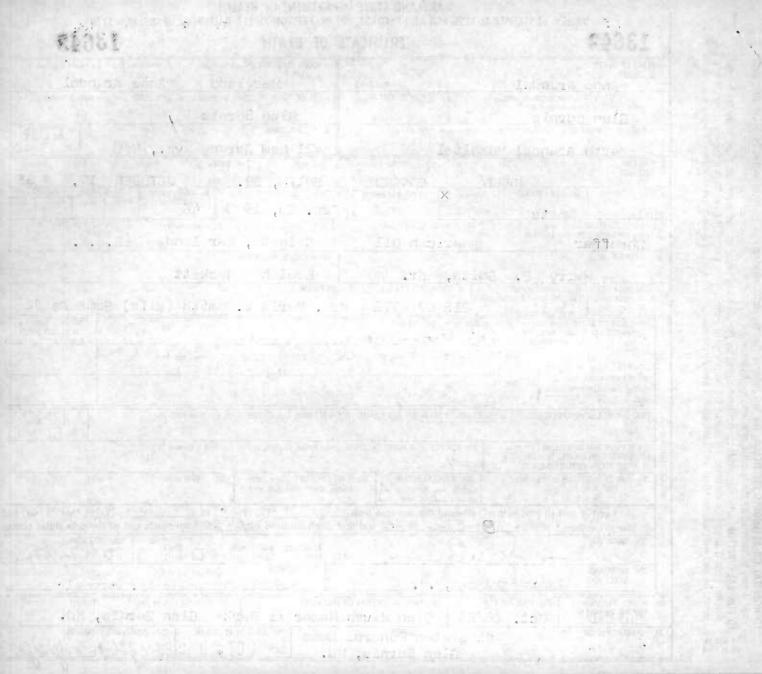
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13640 CERTIFICATE OF DEATH ond 2 deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. These please remove corban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTyne Arundel o. STAFfarvland b. COUNTY Anne Arundel MARYLAND vithin 72 hours after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wite RURAL and give neorest town Pasadena 2 wks. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS RFD 5 Box - 185 Bay Manor N/ Home YES NO 3. NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED SMITH OCTOBER 19 66 ANNA 16 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lest birthdoy) Months Oct. 1896 Female White d in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) OMU DOWS COUNTRY ? Balto. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Micael Ward Anna L. Scham WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 5 212-05-4822R Herbert J. Smith - Same as # 2(husbamd) on. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEA buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o þ DUF TO signed Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse os the the hospital or attending O FUNERAL DIRECTOR: After this certificate has been prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health p NOC 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH to detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not While factory, street, office bldg., etc.) Hour o.m. 19 ot work Page 4 may be retoined by 21. I certify that (I) (this haspital) attended the deceased fram ______ to 1046 should with the saw the deceased alive an 10and that death occurred at FAM; from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. PHYS director, poge should be filed THYSICIAN'S 22d.#ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Burial (Specify) 1966 New Cathedral Cemetery Baltimore, Maryland Oct. 2Sb. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 Singleton Funeral Home/Glen Burnie, MarylandDATE

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ON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY b. COUNTY by the and 2 death. MARYLAND by # b. CITX OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) te RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) P a. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF Middla DECEASED DEATH (Type or print) and cor 5. SEX IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Gout ELECTRICAL 13. FATHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyas giva war or dates of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10 MIN. DUE TO TERIOSCIEDOTIC HEART DISEASE Conditions, if any, which gave rise to immadiata ceuse DUE TO (a), stating the undarlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? CLWOWA. OF LUNG NO" 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm,) Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from 11.115 1960 to 13.007 1966 that (I) (we) last 220 SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D. eath. Page / FUNERAL rector, page PHYSICIAN'S 221. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, LOCATION (City, town or county 0 256. REGISTRAR'S SIGNATURE FUNGERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4)

No 1 10 25 1 184183 PARTERIORIE VERMET DISPERSE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13642 CERTIFICATE OF DEATH and 2 requires that the deoth certificate be executed within 24 hours after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Glen Burnie Glen Aurnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hospital #21 New Jersev Ave., N/W YES NO X 3. NAME OF pou Middle Doy Year physicion and completely en please temove carban DECEASED (Type or print) SMITH. JR . DEATH OCTOBER HARRY FUMARU S. SEX 6. COLOR OR RACE 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** dost birthdoy) Hours Jan. 25. 1920 WIDOWED DIVORCED Mhite Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) American Dil Coloate, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Reulah Hackett Smith. Sr. Harry IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Marie V. Smith (wife) Same As #2 216 07 8776 18. CAUSE OF DEATH (Enter only one couse per-line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriof-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO [for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work . 1966, to 10-2-, 1966, that (I) (we) last 21. I certify that (I) (this hospital) ottended the deceosed fram_ 3-14-18 -17- 1966, and that death accurred at 930 A.M. from causes and an the date stated above saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) Ignas Saulynas.M. Annapolis Rd. Ferndale director, 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Glen Burnie, Md. Glen Haven Memorial Parkk Oct. 20/66 24.9 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Singleton Funeral Home 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Melanler 1966 DATE Glen Aurnie. Md.



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE MO b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Glen Burnie 123520 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Box82-marky Cres NORTH. ARUNDEL HOS YES NO DO 3. NAME OF Month DECEASED (Type or print) DEATH 10 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys WIDOWED [DIVORCED 10a. USUAL, QCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during working life, evan if retired) Baltimore. Md. None IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Joan Diana Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no. or unkown) | (If yes alvewer or detes of service) Mr. Richard Straud (Step-Grandfather) none none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gava rise to immediata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature) of Injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Ye, (County) (Steta) factory, street, office bldg., etc. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection and in my opinion 0 Inquiry 1 death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 040 g Burial October 12,86 Glen Haven Memorial Park Glen Burnie 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR L 24b. REGISTRAR'S SIGNATURE VS. AISME Glen Burnie, Md. 5M 9/60 Richard V. Singleton

AND STATE DEPARTMENT OF HEALTH

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FT GEO G. MEADE. MD

funeral director, pluons

PLACE OF DEATH o. COUNTY ANNE ARUNDEL

d. NAME OF HOSPITAL (If not in haspital, give street address)

MARYLAND

CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 8 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTAINE ARUNDEL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

LAUREL

d. STREET ADDRESS 200 Ft. Meade Rd

. IS RESIDENCE ON A FARM?

Rea. Dist. No.

ALMINOUGH	An, ri GEO	G. PIEADE	, PID					YES [□ NO 🔽
3. NAME OF DECEASED (Type or print)	SPAHN, DAVII	(IMMI)	Middle	Lost	4. DATE OF DEATH	OCTOBE		Doy 29	Yeor 19 66
5. SEX MALE	6. COLOR OR RACE	7. MARRIED X	DIVORCED	8. DATE OF BIRTH 14 JAN 1898		9. AGE (In years last birthday) 68 yrs.		Doys Hour	The second second
10a. USUAL OCCUPATION during most of wor UNKNOWN	ON (Give kind of work king life, even if retired	UNKNC		Baltimore,		untry)	12. CITI	US US	AT COUNTRY?
13. FATHER'S NAME MICHAEL SF	AHN	•		BESS KRIEG					
	R IN U. S. ARMED FOR (If yes, give wor or dates of the 17 Nov 14-)	Irvice)		INFORMANT JEWEL SPAHN(WI	FE) 20	O Ft Mea		. Laure	el, Md.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	CEPERRA). (b). ond (c).] L INFARCT	ION				INTERVAL E	
Conditions, if of gove rise to i	mmediate (

(c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

lying couse lost.

Hour o. m.

CERTIFICATION

MEDICAL

20d. INJURY OCCURRED While Not while of work 20e. PLACE OF INJURY (Home, form,

20f. (City or town)

(County) (State)

PERFORMED?

This Hospital

21. I certify thoto ottended the deceased from 21 October , 1966 , to 29 October , 1966, that I last saw the deceased

foctory, street, office bldg., etc.)

olive on 29 October

19 66

Kimbrough

Tond that death occurred at 9:00P M, fram the couses and on the date stated above.

ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION. 226. DATE THEREOF

BENZION BENATAR

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stole)

3. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4)

FUNERAL

BI STOMETIAN -HELL ACT MARKET BY CHARLES ON ME THE HALLS TO SERVICE . Bl. Acoktains Louise At abset IS LOS (NEW STATE AND DES AS SEE LANGE TO personal to the state of the st The product of the superior and the SOOTE of appropriate the best of the first of the South South South South

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral papers. Pages I and 2 requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY M. Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARYLAND Anne Arundel b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Brooklyn Park Brooklyn Park
d. STREET ADDRESS 10 years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? LLO Seward Ave. hin 110 Seward Ave. YES NO TO 3. NAME OF First Middle Lost 4 DATE Year Doy DECEASED ELIZABETH KATHERINE SPENCER (Type ar print) October 16 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED attending physician and comportant. Then please remave last birthday) Days Hours Female White Sept. 15, 1892 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife

13. FATHER'S NAME Maryland
14. MOTHER'S MAIDEN NAME II.S removal Adam Helmstetter Annie Miller 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Margaret Spencer (same No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X be retained by the haspital ar far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram how 1, 1957, ta 10/16, 1969 that (1) (we) last saw the deceased alive an 10/15 1969 and that death accurred at 3300 M, fram causes and an the date stated above. . 19 6 5 that (1) (we) last 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING X Oct. 17, 1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Andrew R. Sosnowski, M.D. Ritchie Highway NAME (Type) 4016 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Oct. 19, 1966 Holy Cross Cemetery Ritchie Hgwv. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 Charlen VR A15 (4) 20 M 1/66 George J. Gonce-4001 Ritchie Hgwy., Baltimore DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Super J. Degra-1001 Biremin Liver, Delimente Landerneu J. Bring

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) delay 1. o. COUNTY Page MARYLAND h. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest Jown) P.M3. write RURAL and give nearest town) Severna Severna d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs NO Item 18. Give Pages Office along with 3. NAME OF Middle 4. DATE Month Dov Year DECEASED 28 R 166 within DEATH Type or print IF UNDER 24 HRS. S. SEX AGE (In veors IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Days DIVORCED WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BOSINESS OR BIRTHPLACE (State-or fareign cauntry) 12. CITIZEN OF WHA during most of warking like, even (cetired) d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAM 14. MOTHER'S MATTEN NAME be executed within File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SPOORITY NO INFORMANT (Yes, no, or woken) I(If yes give war or dates of service) ar remayal, 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) shauld writing the ward crematian, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO certificate stoting the underlying couse last. SD burial WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 📆 NO the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [Inquiry and in my opinion for Natural causes the funeral directar. death resulted fram: Accident | Suicide 1 Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health . Werner U. Spitz, M. D. NAME Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY BURYAL, CREMATION 23b. DATE THEREO 23d. LOCATION (RITY or Town) (County) (State) 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PA FHINERAL DIRECTOR VR A15ME (5) NOV 1956 6M 1/66

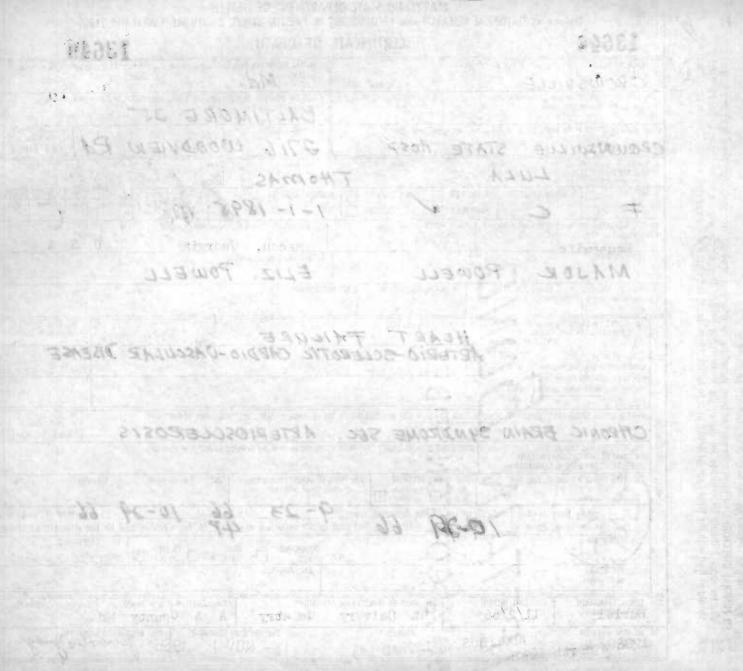
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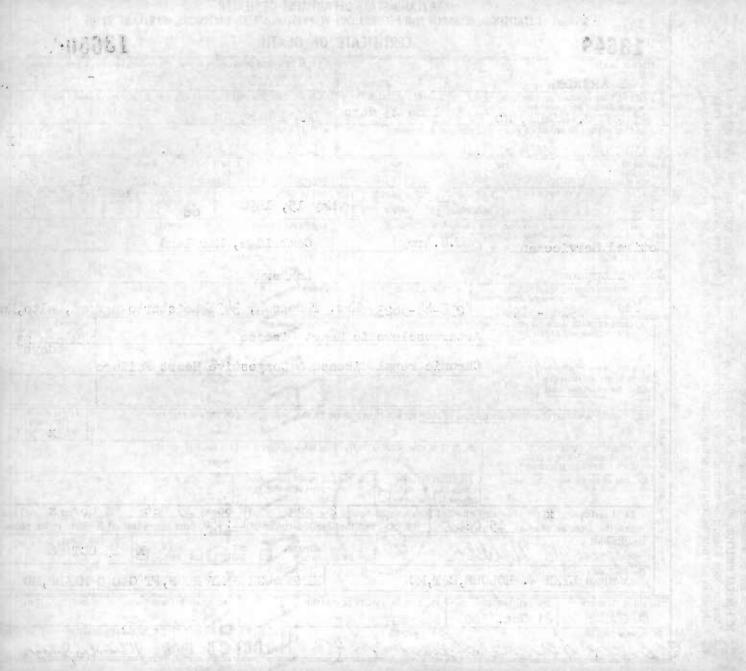
orner . Soite, . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13647 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Dulg the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Annapolis Annapolis d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Anne Arundel General Hospital 503 Bowman Drive NO 🔀 4. DATE 3 NAME OF Day Year Last DECEASED 66 October THOMAS DEATH 19 Elizabeth (Type or print) Carrie 9. AGE (In years last birthday) S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Manths Days Haurs DIVORCED Negro WIDOWED December 21,1895 Female 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR during post of working life, even if refired) COUNTRY? **INDUSTRY** U. Maryland S 14. MOTHER'S MAIDEN, NAME 13. FATHER'S NAME INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) ((If yes give war ar dates af service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE for signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO I for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (State) 20d. INJURY OCCURRED (City or town) (Caunty) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 66, 19___, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram be retained M, fram causes and an the dote stated abave. and that death occurred at saw the deceosed alive on 10-22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** M.D. PHYS. PHYS. ADDRESS 22c. PHYSICIAN'S LLEN NAME (Type) shauld (State) 23a. BURIAL CREMAJION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 236. LOCATION (City or Town) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL-DIRECTOR ADDRESS 2Sb. VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13645 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funera PLACE OF DEATH ANNE ARUNDEL CROWSVILLE o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ALTIMOR d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? WOODVIEW HOSP PRUNSUIL YES NO pau 3. NAME OF First Middle Lost DATE Year DECEASED OF DEATH THOMAS (Type ar print) 19 COL S SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remave Haurs DIVORCED WIDOWED 11. BIRTHPLACE (Caunty & State, ar fareign county) 1Da. USUAL OCCUPATION (Give kind of wark dane 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Macon. Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME POWELL POWELL AJOR remay 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give war or dates af service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH FAILURE-MYOCARDIAL ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse priar to O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ARTERIOSCLEROSIS NO far 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Nat While foctory, street, affice bldg., etc.) at wark be be retoined by 21. I certify that (1) (this haspital) attended the deceased fram. lo, and that death accurred at LLPM, fram causes and on the dote stoted above saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22c. PHYSICIAN 22d. ADDRESS Page 4 may NAME (Type) ompson director, shauld 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PEMOVAL Specify) 11/2/66 Calvary County Md Cemetry ADDRESS 2Sb. REGISTRAR'S SIGNATUREO 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1206 W North Aveol **ADOLPHUS** liarles HALSTEAD VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13649 requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ANNE ARUNDEL b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) 1 mo 23 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) BALTIMORE, MD e. IS RESIDENCE ON A FARM? YES NO and campletely filled in d. STREET ADDRESS 3431 REISTERTOWN RD event, within KIMBROUGH ARMY HOSPITAL pan 3. NAME OF First Middle DATE Manth Doy Year DECEASED 19 66 (Type ar print) THOMPSON DEATH OCT JOHN MMT 9. AGE (In years IF UNDER 24 HRS. S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthday) Manths Days May 15, 1898 Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.Army COUNTRY? Skian Cambridge, Maryland Retired Serviceman IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Thompson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Thompson, 3431 Reistertown Road, Balto, Md 238-44-5623 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Artereosclerotic Heart Disease IMMEDIATE CAUSE (a) DUF TO Chronic renal disease & Congestive Heart Failure Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the prior ta has been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES X NO T TO FUNERAL DIRECTOR: After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) Nat While at wark 20 Aug 19 66 to 15 Oct 19_66 that \$ (we) last 21. I certify that (this haspital) attended the deceased fram_ 19 66, and that death accurred at 11:45M, fram causes and an the date stated above. saw the deceased alive an 15 Oct 22b. DATE SIGNED 15 OCT 66 220 SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS PWISICIAN'S NAME (Type) LYNN W. HOLDER, CPT, MC 22d. ADDRESS KIMBROUGH ARMY HOSP.FT GEO G MEADE.MD shauld 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BEMOVAL (Specify) 21 Oct. 1966 ARLINGTON NATIONAL. CEM ARTINGTON VO VR A15 (4) DATE OCT 26 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3656 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY o. COUNTY Anne Arundel MARYLAND campletely filled in by the fur lave carban papers. Pages 1 by event, within 72 hours after c. LENGTH DF STAY IN 16 b. CITY OR TDWN (If autside corporate limits, c. CITY DR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Crownsville VIS Baltimore 10mos. Ilda. IS RESIDENCE d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? 2209 W. Saratoga Street Crownsville State Hospital ND X DATE 3. NAME OF Middle Lost Month Year First Timberlake 66 DECEASED 10 (Type or print) #21570 Annie DEATH IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX B. DATE DF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours 10/18/1890 Negro WIDOWED X Female DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN DF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRYS A ease during most of working life, even if retired) INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar renaava Rena Purnell Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Hospital Records Unknown. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit i burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Cerebro-Vascular Accident - Generalized Arteriosclerosis NO X **DIRECTOR:** After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY DCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory-elevely office bldg., etc.) While at work Hour o.m. 1960_ 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 1966 , and that death accurred at 3:30 M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE 10/14/66 ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Benedict. M. D. TO FUNERAL NAME (Type) Crownsville State Hospital, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DAJE THEREOF REMOVAL (Specify). 2So. REC'D BY REGISTRAR 2Sb. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Aroline DATE OCT

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and and campletely filled in by the funeral remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arunde b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) hours 1 day Gambrills Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Anne Arundel General Hospital Tulip Lane YES NO [3. NAME OF Middle 4. DATE Manth Day Year DECEASED Hugh Terrence (Type or print) TOBIN DEATH October 9. AGE (In years lost birthday) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS Months Days Hours Min. 18 October 23,1966 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY COUNTRY? Anne Arundel, Maryland U. S/ 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mabel Frances Thomas John Richard Tobin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service Hospital R ecords No None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH EREBRAL ANOXIA IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. 19. WAS AUTOPS)
PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PNEUMONIA NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at wark . 19 66, that (1) (We) lost 21. I certify that (I) (this keepes) attended the deceased from_ Oct. 23 19 66 to Oct. 23 sow the deceosed glive on 6ct. 23. 1966, and that death occurred st MM fram causes and on the dote stated obove. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 10/25/66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sherman S. Robinson, M.D. Hahn ProfCent., Severna Park, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 10/26/1966 Lady of The Fields Gambrill Md. A. Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Glen Burnie, Md. Raymond C. Fink 1966 20 M 1/66 DATE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 15M 9/59

13652

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13653

	1. PLACE OF DEATH a. COUNTY ANNE ARUNDE	MARYLAND	2. USUAL RESIDENCE (Where deceased li	ived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corporal	SFUFR N
3	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION AWNE ARUNAL	raddress)	d. STREET ADDRESS HENOLD	C. IS RESIDENCE ON A FARM? YES NO W
	3. NAME OF DECEASED (Type or print) I PAOCSCR	Albert	J. DATE OF DEATH	Month Day Year Oct. 9 1966
	m widow	VED DIVORCED	9-1-1893	AGE (In years last birthday) Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	ACHANIST	BALTO, MD.	12. CITIZEN OF WHAT COUNTRY?
	13. FRANK TRAGESE	R	14. MOTHER'S MAIDEN NAME	
	(If yes, give war or dates of service)	W	HALBERT TRA	9ESER #2
	PART I. DEATH (Enter only one cause per limited by the per limited by	ine for (a), (b), and (c).]	heart failure à	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate (b)	onorary a	celusión	1 day
	cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)	ErterSouler	oris	
	Chronie	Pulmonar	of Emplysens	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		0	5. (Enter natifice of injury in Part I ar Part II	
	Haur a.m. While	for the same of th	ACE OF INJURY (Home, farm, 20f. (City at tary, street, affice bldg., etc.)	r tawn) (Caunty) (State)
	21. I certify that (I) (this haspital) attended saw the deceased alive an Office	9 //	leath accurred at 3.4M, from the	or g , 1966, that (I) (we) last ne causes and an the date stated abave.
	22a. SIGNATURE	tt	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. Det 9/966
,	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	BURIAL CREMATION, 23b. DATE THEREOF BURIAL (SPECITY)	23c. NAME OF CEMETERY OF	HEN	N (City, tawn, ar county) MD-
	24. FUNERAL DIRECTOR'S SIGNATURE	DDRESS	25a. REC'D BY REGISTRA	AR 256, REGISTRAP'S, SIGNATURE

DATE

188361 Market at John Brown U.S.

23c. NAME OF CEMETERY OR CREMATORY

JUAKER

requires that the death certificate be executed within 24 hours after death by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page should be filed 20 M 1/66

23a. BURIAL, CREMATION,

REMOVAL (Specify)

24. FUNERAL DIRECTOR ADDRESS

23b. DATE THEREOF

GALCEUI 110

(County)

2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

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(Stote)

THE RESERVE OF THE RESERVE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13655 CERTIFICATE OF DEATH 13654 The law requires that the death certificate be executed within 24 hours after death attending physician and campletely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and 2 an, or removal, and in any event, within 72 haurs after deuth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest fown) c. LENGTH OF STAY IN 16 26 days RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-4, Box-67 Anne Arundel General Hospital YES NO 3. NAME OF Middle 4 DATE Manth Year DECEASED (Type or print) 19 66 WAJBEL October Karol Frank DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Haurs Oct. 18, 1882 Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRYS during most of working life, even if retired) INDUSTRY Poland Scaler (ret.) Reth. Steel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Veronica (unknown)
Address Cape St. Clairs Malter. Ma ibel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Annapolis, Md. Mr. Amiel R. Waihel (son) 215 05 7214 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) .. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove Bronchogenic carcinoma (primary) - vears rise ta immediate cause (a). DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the chauld be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Arteriosclerosis, Left hemiparesis, Uremia due to undetermined cause YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (1) (this hospitals attended the deceased fram Sep 10. 19 66 ta Oct. 6 , 19 66, that (I) (3034 last 1966, and that death accurred at M. fram causes and an the date stated above saw the deceased alive on Oct. 6. 4:27 AM 22b. DATE SIGNED 22a. SIGNARURE M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D. SouthRivMedCent. Edgewater, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Brooklyn, RFD, Maryland Holy Cross Cemetery 256. REGISTRAP'S SIGNATURE 2Sa. REC'D BY REGISTRAR Singleton Funeral Home 1866 VR A15 (4) 20 M 1/66 Glen Burnie, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR OTH		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
FUK SIA	Tre	13655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13658
HEALIH DE	PT	1. PLACE OF DEATH 2. USUAL ENSIDENCE (Where decessed lived, If institution o. COUNTY	Residence belon admission)
essary. Page files.		MARYLAND STATE	1663
ay is necess il director. P for your file Department death.	/	b. CITY OR TOWN (if outside corporete limits, wile RURAL on give, neerest town)	ind give neerest town)
s ne rect you you hartn		W-11000 1111 11100	12.7
ay is r al director your bepar death.	18	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
Stare after	0.0		YES NO
		3. NAME OF First Middle Lest 4. DATE Month OF	Dey Yeer
h. If all to the se rether the hours		(Type or print) C C C C C C C C C C C C C C C C C C C	4 1966
d 3 ay with 72		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER Married) Months: Married Marri	
er and 3 2 min		MICCE WIDOWED DIVORCED 1-10-1888 78 yrs.	Deys Hours Min.
1, 2 1, 2 ige and wit		MODIFICATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT COUNTRY?
Pages 43. Pages 1 ages 1 event	-	Farmer 1166	MA.
X 0 × 0 ×		13. FATHER'S MAIDEN NAME	
Give Give File p	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	12020
P + 18	7)	13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give were refeles of service)	
wii w	ン	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	I INTERVAL RETURNAL
in pencil in Il Office along burial-transit		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
e al e al l-tra	1		-
in p	10	Conditions, if any, which \ (b)	Julie
sho 's's' s a b		geve rise lo immediate ceuse	-1
ifficate short pending" i aminer's C ised as a b cremation,		(e), stelling the underlying but to	
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ial be in a	701	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
F T B O IS	~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAL	PERFORMED?
his d		20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
the wo Medica should r to bur		20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	PERFORMED?
VINER: This riting the wo		20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	PERFORMED?
AMINER: This, writing the wole Chief Medica Page 3 should out, prior to but		20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.)	YES NO
EXAMINER: This cate, writing the wo the Chief Medica DR: Page 3 should agent, prior to but		20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 1B.) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Complete of injury) (Complete	YES NO
EXAMINER: This cate, writing the wo the Chief Medica DR: Page 3 should agent, prior to but		20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Company) While Not While et work et work work with the company of th	YES NO NO NOTION (Siete)
EXAMINER: This cate, writing the wo the Chief Medica DR: Page 3 should agent, prior to but		20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year Hour e.m. P.m. 19 While et work et work et work to e	YES NO NO NOTION (Siete)
EDICAL EXAMINER: This a certificate, writing the worlded to the Chief Medical DIRECTOR: Page 3 should designated agent, prior to bur		20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not While of work	YES NO NO NOTION (Siete)
EDICAL EXAMINER: This a certificate, writing the worlded to the Chief Medical DIRECTOR: Page 3 should designated agent, prior to bur		20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While et work et work et work and the sulted from: Natural gauses Accident Suicide Homicide Manual Gauses Accident Suicide Assistant Medical Examiner DEPUTY MEDICAL EXAMINER	YES NO
UTY PEDICAL EXAMINER: This exects a certificate, writing the world be varied to the Chief Medical ERAL DIRECTOR: Page 3 should or its designated agent, prior to bur	2	20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 1960. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Company) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural gauses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	PERFORMED? YES NO
UTY PEDICAL EXAMINER: This exects a certificate, writing the world be varied to the Chief Medical ERAL DIRECTOR: Page 3 should or its designated agent, prior to bur	2	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 19 Month, Dey, Year 19 Month of twork of work of	PERFORMED? YES NO
EDICAL EXAMINER: This a certificate, writing the worlded to the Chief Medical DIRECTOR: Page 3 should designated agent, prior to bur	2	20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20e. TIME OF INJURY Month, Dey, Yeer Hour e.m. 1966 Permains described above, held an Autopsy Inspection Inquiry death resulted from: Natural gauses Accident Suicide Homicide Homicide Home, Examiner Surgnature EXAMINER'S NAME (Type) 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH II of item 1B.) 20e. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Contribution) (Contribu	PERFORMED? YES NO
TO DEPUTY PEDICAL EXAMINER: This please exect a certificate, writing the wo 4 should be rarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior to but	2	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month. Dey, Year 19/10 et work et work of	PERFORMED? YES NO
TO DEPUTY PEDICAL EXAMINER: This please exect a certificate, writing the world should be readed to the Chief Medica TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior to but	2	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month. Dey, Year 19/10 et work et work of	PERFORMED? YES NO

TOO IN A SECURITION OF THE SECOND PROPERTY OF

1/1/1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TE	13656 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13657
-	1. PLACE OF DEATH a. COUNTY Anne Arundel Tem 3 Film 0381 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) b. COUNTY MARYLAND MARYLAND
ŀ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give rearest town)
1	Rural Elin Bounce 16 Severna Park
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) North Arundel General Hospital Box, 406 Route 2 is Residence on a farm? YES \[\begin{array}{c} \text{North} \text{VES} \[\text{North} \text{VES} \\ \text{North} \text{VES} \[\text{North} \text{VES} \\ \text{North} \text{North} \text{VES} \\ \text{North} \text{VES} \\ \text{North} \text{VES} \\ \text{North} \text{North} \text{VES} \\ \text{North} \text{VES} \\ \text{North} \text{VES} \\ \text{North} \text{VES} \\ \text{North} \text
	3. NAME OF First Middle Last 4. DATE OF OF OF DECEASED (Type or print) GERALD A. Watkins WALKINS DEATH 10 19 66
	5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewarordates of service) Level Clark White Rt 1 B, 406 S. P PO. M.
	38. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
I	IMMEDIATE CAUSE (e) Shotgun Wound of Chest
١	Conditions, if eny, which (b)
ı	gave rise to immediate cause (e), stating the underlying DUE TO
ľ	cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Shot during apparent burglary
4 . 4 . 4	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 12: Our e.m. 10/10 19 66 of work of work Home 12: Our e.m. 10/10 19 66 of work of work Home
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion
	death resulted from: Natural ceuses . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED
	EXAMINER'S Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER 10/10/66 Address (Street, city, town, or county)
	28. QURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (SIeley) 10/14/66 Surgesters Cometers ones Steelies Med.
1	ADDRÉSS ADDRÉSS 240. RÉC'D'SY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 1 1 1966 Judge
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fumeral and 2 death. death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after after MARYLANO b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I completely filled in by t ove carbon papers. Page y event, within 72 hours a write RURAL and give nearest town) hours scores ? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? NO. YES within 3. NAME DE DECEASED Middle. DATE Month Oav DF DEATH (Type or print) 19 executed 5. SEX 6. COLOR DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | last birthday) | Months | Days IF UNOER 24 HRS 7. MARRIEN NEVER MARRIED Months Hours WIDOWEO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even If retired) COUNTRY? attending physic waterman 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITY NO. 17. INFORMAN1 Address death (Yes, no, or unkown) CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN TO FUNERAL DIRECTOR: After this certificate has been signed by til director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. OUE TO Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES NO S 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from Acc and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on_ SIGNATURE 22a. OATE SIGNED 22b. ATTENOING PHYS. Page 4 may b M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Md Balto New Cathedra Co Burial FUNERAL OIRECTOR ADORESS REC'D BY REGISTRAR 25b. REGISTRAR'S AIGNATURE 19 66 VR A15 (4) 237 Patapsco Ave 21225 McCully FH 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13659 CERTIFICATE OF DEATH 3658 and 2. death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Anne Arundel MARYLAND Anne Arundel and in any event, within 72 hours aft c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) 42 Severna Park Days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? lease remove carbon papers. Rt. #1 Box 368 Anne Arundel General Hospital YES NO X 3. NAME OF First Middle Last 4. DATE Manth Day Year and campletely OF DECEASED 66 10 Wehr 10 19 Vann DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours White September 6,1930 Female WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired AIT line Decorator physician Illinois , Rockford U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys Anton Vanoski Ann Unknown 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates af service) crematian, ar 049] 3rd Arundel Mr. Harry Wehr Beach INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUF TO burial, Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the priar tal O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Health CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. While foctory, street, office bldg., etc.) Not While ot work OR ATTENDING at wark . 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 3 shauld and that death accurred at 11:50 P. M., fram causes and an the date stated above. saw the deceased alive an. 1966. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAM'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) -166 orraine Park Woodlawn Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS Milanles VR A15 (4) 20 M 1/66 1966 INC.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1366: CERTIFICATE OF DEATH low requires that the deoth certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY b. COUNTY a. STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 38 Parole St. . Anne Arundel General Hospital YES NO X 3. NAME OF Middle 4. DATE Day Year DECEASED WILLIAMS October 24 19 66 Ben jamin none) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Davs Hours July 16, 1885 ond in ony Male Negro WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane during prost of working life, even if retired) 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service 0 cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line forta (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO signed 1 Wer/cs Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying cause attending as the has been 100VS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use eus. NO O FUNERAL DIRECTOR: After this certificate the hospital or 206. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m factory, street, office bldg., etc.) Not While ot wark of work Page 4 moy be retained by 19 65 that (1) (10%) last 21. I certify that (1) PORTO (1) attended the deceased from to Oct. saw the deceased alive on Oct. 24. 19 66, and that death accurred at M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING BOM.D. DIRECTOR 66 director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 62 Cathedral St., Annapelis, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY QR. CREMATORY 23d, LOCATION (City or Town) BURIAL, CREMATION (Stote) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OC

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